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## Outlook Magazine, Summer 1973

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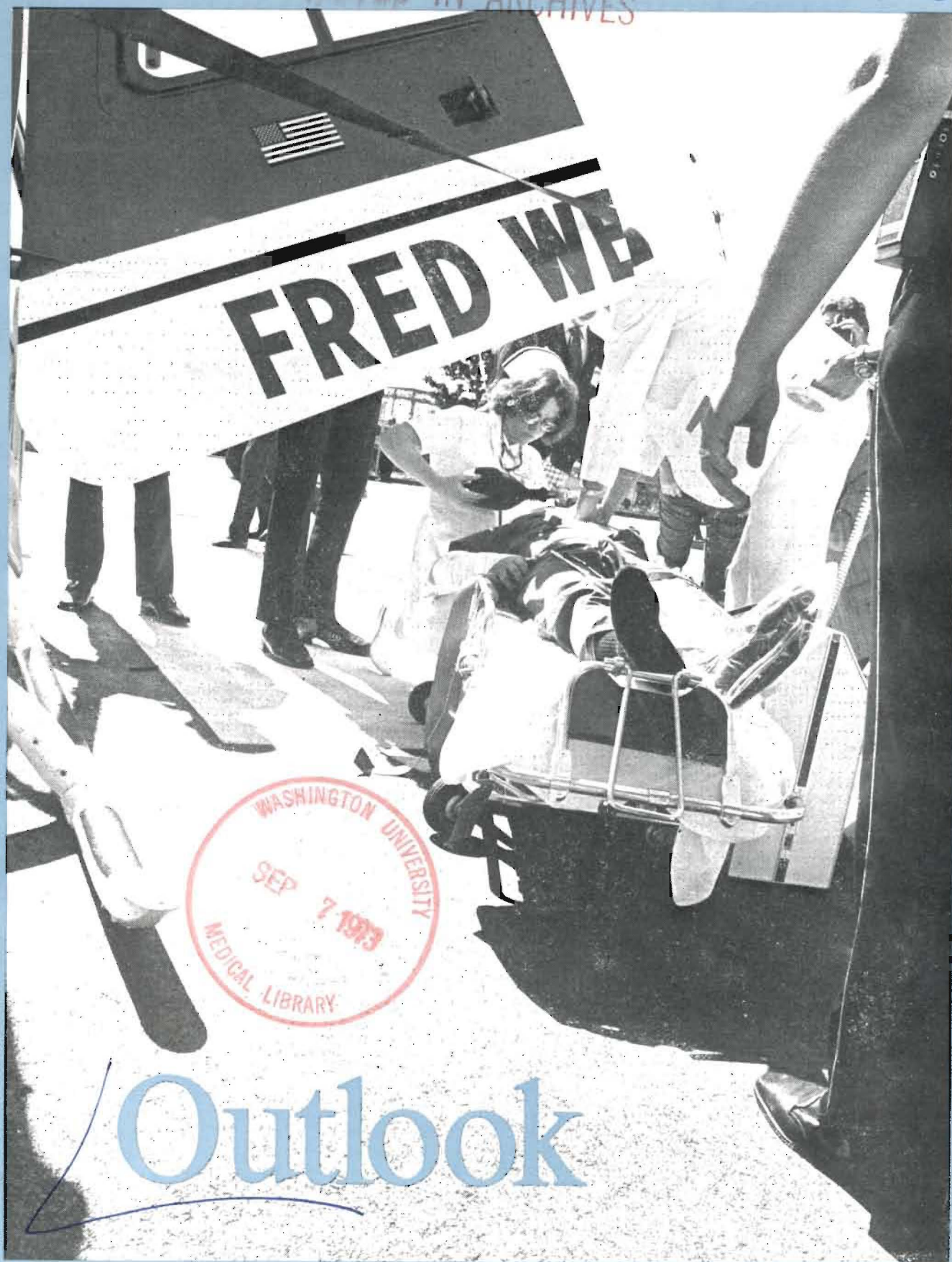
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Washington University School of Medicine

Summer, 1973



# The Vice Chancellor Comments

The national administration's policy to eliminate or at least severely curtail biomedical research training support has been received with anguish and outrage by the nation's medical schools. We have joined in this nearly universal reaction for two reasons, one financial and the other philosophical.

Because of the high caliber and scientific reputation of our faculty, we have been successful in the competition for such training grants. Our annual federal research training grants budget is about \$5 million. In addition to trainee stipends and other training program expenses, these grants provide close to 20 per cent of our faculty salaries.

A major reduction in the level of support may have a devastating effect on our programs. It is inconceivable that enough other money can be found to fill the gap. We will have to eliminate or sharply reduce many important training efforts. If such reduction persists for an extended period, the next generation of biomedical researchers will be severely stunted. We fear these effects on our budget and programs.

Nearly as disturbing as the proposed budget cuts are the reasons given to justify the policy. These have included, at different times, fiscal pressures, the absence of a comprehensive national health policy, the lack of a continued need for the programs, and an implication that biomedical research training is a major obstacle to meeting the country's medical care needs. There is even a hint that somehow such training is a luxury available to a small number of "elitist" medical school professors and that if the country had less research training, poor people in inner

cities and remote rural areas would receive better medical care.

The reasons offered, and their inconsistency over time, betray a basic resistance to the idea of federal support for biomedical research training rather than a concern for budgetary constraints. The latest administration suggestion, a proposal to reduce the total federal training grant budget by 80 per cent and eliminate direct support for the training institutions, indicates that it still does not understand or appreciate the vital role of research and research training in modern medical education.

Research and research training are not luxuries; they are essential activities. A modern medical school must prepare people to practice medicine and to carry out research. If the education of physicians is not carried out in an atmosphere of active research, a rigid, stereotyped, doctrinaire approach to clinical practice is likely to result.

Major frustrations for patients and physicians alike inherent in current medical practice stem directly or indirectly from medical ignorance. Usually, if medical knowledge permits prevention or effective and definitive treatment, everyone is satisfied and costs are tolerable. Dissatisfactions of all kinds arise when prevention or

definitive treatment are not possible. Chronic suffering and disability and high costs then ensue. Research offers the only hope for improving the situation, and first-rate people must be trained to do the research.

Our present knowledge is inadequate concerning coronary artery disease, chronic renal failure, strokes, emphysema, rheumatoid arthritis, nearly all skin diseases, schizophrenia, diabetes, most cancers, alcoholism, most developmental disorders, and many other conditions leading to prolonged, expensive, and ultimately unsatisfactory medical care. Without a broad range of biomedical research efforts, our future knowledge will be no better. Support of biomedical research training is one of the best investments to achieve better medical care. In no way is there a legitimate conflict between research and research training on the one hand and medical care on the other.

Social, economic, and organizational problems related to medical care must be solved, but not at the expense of research and research training. On the contrary, if the latter activities are sacrificed, solutions to these problems will prove to be ephemeral.

**Samuel B. Guze, M.D.**  
**Vice Chancellor for Medical Affairs**



# Outlook

*Washington University  
School of Medicine*

*Summer, 1973*

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## ON THE COVER

# Medical Center Heliport in Action



Washington University Medical Center officially dedicated its new heliport on June 7 on the Busch Parking Lot at Clayton and Newstead avenues. Since the dedication five helicopters have landed with emergency patients.

During the demonstration at the ceremonies, a Fred Weber Inc., helicopter landed with a simulated construction accident victim. Stephen F. Brint, M.D., general surgery intern, and Mary Hustedde, R.N., charge nurse, were on the team from Barnes Hospital emergency room who transferred the patient to a specially equipped ambulance recently purchased by the Medical Cen-

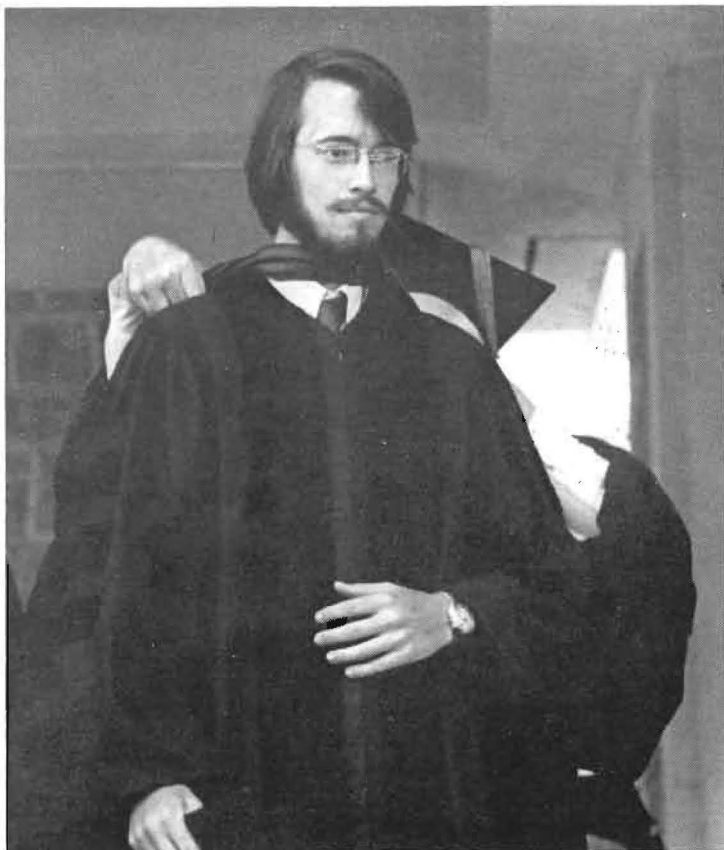
ter. The ambulance has been described as "the most sophisticated in St. Louis" and has the advantage of being staffed by a doctor and nurse.

Raymond E. Rowland, chairman of the Medical Center board of directors and of Barnes Hospital board of trustees, and Samuel B. Guze, M.D., Medical Center president and University vice-chancellor for medical affairs, spoke at the dedication ceremonies.

The heliport is on a parking lot for Medical School and Barnes Hospital employees. The property was donated by Anheuser Busch, Inc., in 1971.



# Guidance Offered Class of '73 on Parting Day

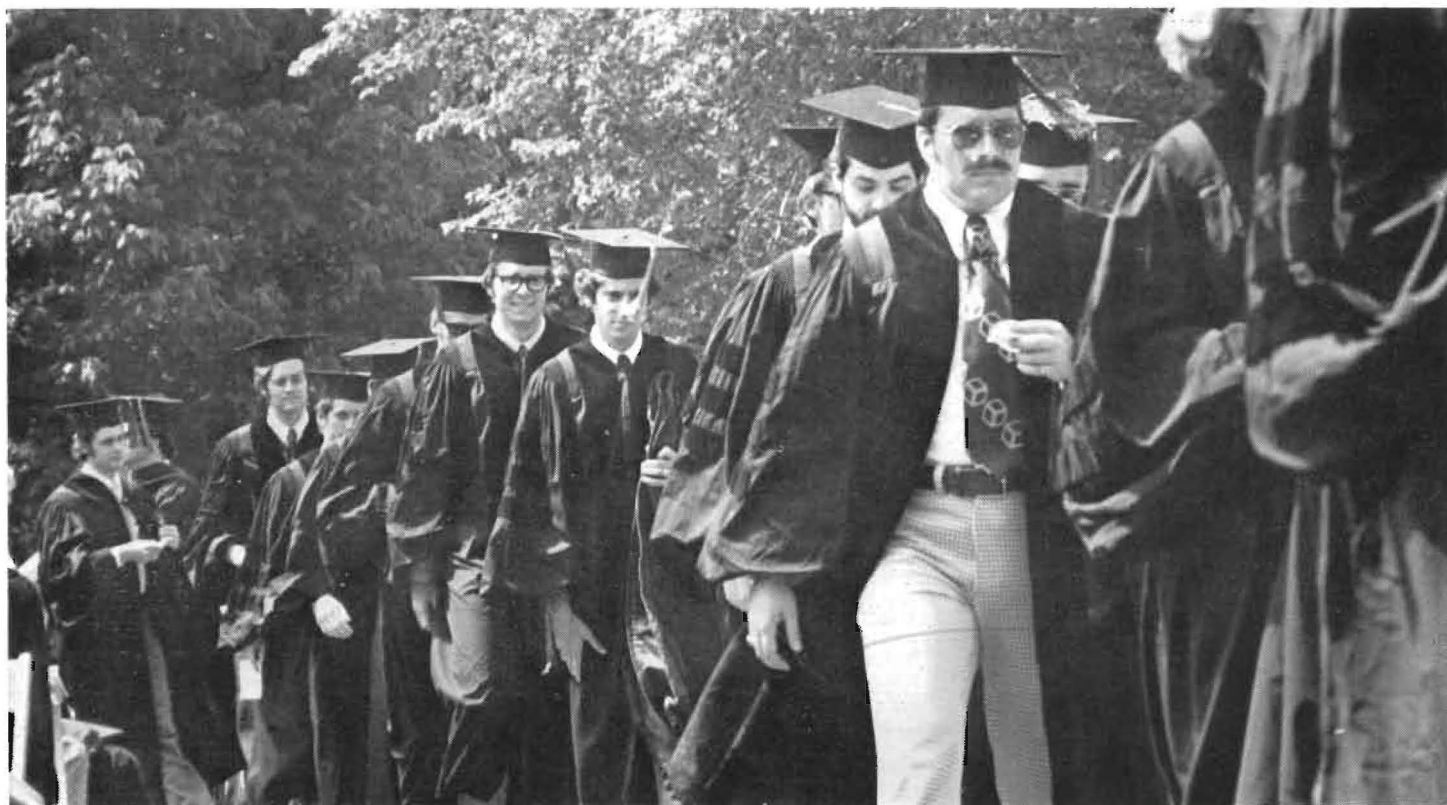


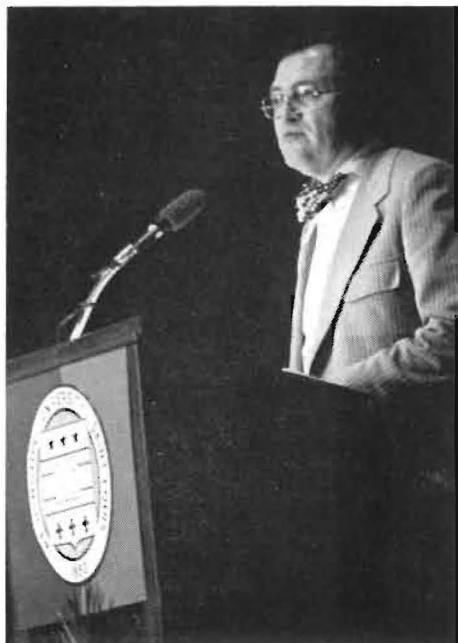
"Irrespective of your ultimate career choice—be it direct involvement in the ranks of academic medicine, or the private practice of medicine or medical administration—it is essential for your own professional welfare that you be aware of and informed about the problems of academic medicine, and, that you be willing to contribute constructively to its activities."

In his May 25 address to the Class of 1973, entitled "The Pursuit of Excellence," David M. Kipnis, M.D., expressed these thoughts in Stouffer's Riverfront Inn auditorium.

Dr. Kipnis, Busch Professor and Head of the Department of Medicine, also commented, "I would suggest that what the medical student really desires is not so much to be taught what might be considered relevant at any given time, but rather to feel relevant to the health care system as soon as possible after entering medical school."

As his final admonition, Dr. Kipnis said, "As medical scientists and physicians, we in academic medicine must find ways to strengthen man's ability to adapt to the greater environmental





and mental stresses that await him and to reduce the impact of the most profound emotional upheavals to which he will be subjected. As teachers, we in academic medicine must examine continuously our current techniques, attitudes and organizational framework to allow the products of our educational system to take on the more challenging roles of the future."

Washington University's "official" commencement was held in Brookings Quadrangle in the morning. But as has been traditional, the medical graduates

voted to invite final guiding words from someone they really wanted to hear.

Along with the diplomas of Doctor of Medicine received by the 97 in the class, 21 were presented academic honors. Two faculty members also were recognized as "Teachers of the Year" by the class.

Roy R. Peterson, Ph.D., professor of anatomy, and Robert M. Senior, M.D., assistant professor of medicine, will be appointed Alumni Teaching Scholars for the next academic year as a result of this honor.

Members of the Class of '73 honored were:

**Kyrieckos A. Aleck**, the Upjohn Achievement Award in metabolism, and the St. Louis Pediatric Society Prize, shared with **David L. Fuller**;

**William W. Barnes, III**, the George F. Gill Prize in pediatrics;

**Robert L. Collins**, **Barry S. Farber**, **Mark S. Jenkins**, **Douglas G. Nuelle** and **John W. Zerdecki**, Mosby Scholarship Book Awards;

**John M. Condit** and **Ronald B. Ziman**, Lange Medical Publications Book Awards;







**Stewart F. Cramer**, the Alexander Berg Prize in bacteriology, and the Jacques J. Bronfenbrenner Award in infectious diseases;

**Philip H. Fleckman**, the Robert Carter Medical School Award for research, the Yalem Prize in dermatology, and the Alfred Goldman Book Prize in chest diseases and physiology;

**David C. Hooper**, the Medical Fund Society Prize in medicine, the Sidney I. Schwab Prize in psychiatry, the Richard S. Brookings Medical School Award in research, and the Alpha Omega Alpha Book Prize for outstanding performance during the entire medical course;

**Daniel S. Karin**, the Samuel D. Soule Award in obstetrics and gynecology;

**Marc A. Levine**, the Medical Fund Society Prize in surgery;

**Mark S. Minkes**, the Dr. Samson F. Wennerman Prize in surgery, and the Joseph J. Gitt and Charlotte E. Gitt Prize in clinical and therapeutic medicine;

**Alan C. Moses**, the Missouri State Medical Association Award for scholastic excellence, and the St. Louis Internists Club Book Award for research;

**Janice M. Mullinix**, the Sidney I. Schwab Prize in neurology;

**Alan C. Peterson**, the Louis and Dorothy Kovitz Senior Award Prize in surgery;

**James P. Wilhelm**, the Hugh M. Wilson Award in radiology; and

**Steven J. Zalcman**, the Sandoz Award in psychiatric research.





# Academic Reorganization Benefits Both Campuses

Washington University Chancellor William H. Danforth has announced the formation of a Division of Biology and Biomedical Sciences which will include six basic science departments of the School of Medicine and the Department of Biology of the Faculty of Arts and Sciences. P. Roy Vagelos, M.D., head of the Department of Biological Chemistry, will be director of the new division.

"Creation of the new division is a most significant academic reorganization. Washington University starts with major strength in the biologic and biomedical sciences. Modern science has shown the interrelation of these disciplines and their importance not only for medicine, but for man's understanding of himself and his environment," Chancellor Danforth said.

Merle Kling, dean of the Faculty of Arts and Sciences, said, "The purpose of the division is to make optimum use of the talents of the Department of Biology and of the preclinical science departments of our medical campus, which is separated geographically from the main campus by Forest Park. Coordination of these resources responds to important new trends in education. It promises to produce a level of biology instruction for undergraduate and graduate students which is second to none in the nation."

Included in the new division are the Department of Biology, with 30 faculty members, and the preclinical departments of anatomy, biological chemistry, microbiology, physiology and biophysics, pharmacology, and genetics, with a total of 75 faculty members. Pathology also has a preclinical component, but because of existing teaching commitments will not participate directly in the new division at the present time.

Dr. Vagelos will be assisted in the administration of the new division by an executive council which will include the chairmen of the seven departments, plus two additional biology professors. The Biology Department will continue to be housed in Rebstock Hall and in the Monsanto Laboratory of the Life Sciences on the main campus, and the Medical School basic science departments will remain here. Unfinished



space in the McDonnell Medical Sciences Building will be developed for use by the new division.

The new division will be responsible for the planning of teaching and research opportunities for all undergraduate, graduate and medical students in the biological sciences. It also will recommend faculty appointments. Dr. Vagelos will report to the University's Executive Vice Chancellor, Carl A. Dauten, Ph.D.

Dr. Dauten pointed out that major changes have taken place in recent years in the pattern of biology education for undergraduates and for students working on advanced degrees. "High school students have been entering college with improved preparation in biology and, in general, have been taking more advanced biology courses as undergraduates," he said.

"Students entering our medical school also have had increasingly higher levels of biology training. Last fall, about

50 per cent of our first-year medical students had taken biochemistry; next year, the percentage will be 70. The new division will strengthen both undergraduate and graduate education. It will make our medical science faculty available for undergraduate teaching, and the special skills of professors in our Department of Biology will be available to medical students."

Last year at Washington University, there were 371 undergraduate biology majors and graduate biology students in the Department of Biology; there were 464 medical students.

The director of the new Washington University Division of Biology and Biomedical Sciences, Dr. Vagelos, is one of the world's leading biochemists. In 1967 he received the national American Chemical Society Award for outstanding achievements in enzyme chemistry. Last year, he was elected to the National Academy of Sciences, which is one of the highest honors accorded a scientist in this country.

He has done pioneering research in determining the function, regulation and structure of the enzymes that are critical in the formation of lipids in living cells. Lipids are molecules of fat that are involved in the storage of energy in the cell, and also function as basic building blocks in the cell membrane.

Dr. Vagelos was appointed head of the Department of Biological Chemistry in 1966 after serving 10 years at the National Heart Institute, Bethesda, Md. In his last two years at the Institute he was head of the Section on Comparative Biochemistry. While at the Institute, he spent a sabbatical year with Dr. Jacques Monod, noted molecular biologist and geneticist at the Pasteur Institute, Paris, France.

He is a member of the editorial boards of *The Journal of Biological Chemistry*, *Biochimica et Biophysica Acta* and *The Journal of Lipid Research*.

A graduate of the University of Pennsylvania, he received his M.D. degree from Columbia University College of Physicians and Surgeons. He did his postgraduate training at Massachusetts General Hospital, Boston.



# Doctor in the House



By Louis V. Avioli, M.D.

I consider it a privilege and an honor to be afforded the opportunity to deliver the 21st Annual AOA lecture here at Washington University. Rumors have it that I chose my topic after careful analysis of current best sellers, hospital movies and a weekly TV serial, all of which impart a refreshing down-to-earth exposé of hospital practice. I must now confess that it was a ruse, contrived for the sole purpose of tempting you all away from lunch and the noon-day up-to-the-minute radio and TV reports of Watergate, the price of gold, the Mississippi flood and the status of SkyLab.

Barry Farber, AOA president, was kind enough to submit a list of lecture titles of others who have in the past shared my good fortune by receiving this lectureship. The topics were provocative, quite timely and informative and obviously established a tradition of "appropriateness." My initial impulse was to offer a sequel to Dr. Bricker's talk of last year and bemoan the fate of professors who assume administrative positions. To this end, a recent article in *Science* entitled: "How to Remain in the Laboratory Though Head of a Department" by E. C. Pollard, appeared quite appropriate. However, the problems confronting research profes-

sors who assume chairmanship roles are usually multifactorial and, in the days of "TWA and United Air Lines Professors" often transcontinental in scope. The enormity of this topic therefore quickly dulled my enthusiasm. I then considered an alternate possibility of analyzing the history of nuclear medicine, since this medical subspecialty has developed at a breath-taking pace during the past decade. Stimulated by more than a casual interest in nuclear science, I planned a non-paralleled review of the world literature and anticipated a scholarly approach to the current mode of radioisotopic diagnostics and therapeutics. My enthusiasm was again blunted by the recent report of "Nuclear Impact in the Field of Medicine" by our illustrious senator, Stuart W. Symington. My first reaction was "two great minds with the same thought," but I settled for "it's a tough act to follow."

What topic then could be considered appropriate to the honor bestowed upon me and consistent with the history of this lectureship? Why not concentrate on the Future Shock of medicine and stress the transience of seemingly concrete medical educational programs. To many, the '70s have become the Age of Aquarius—the Age of Involvement, the Age of Awareness. Medical school teaching facilities, hospital administrators and health care delivery programs have been challenged by the forces of rebellions. Our entire social fabric is being rewoven into new patterns which often clash with traditional design. Communal living, crash pads, women's liberation, pot, and revolution are considered temporary expedients to some, while to others they have become a way of life. Wilfred Tutter once stated that "the mind likes a strange idea as little as the body likes a strange protein, and resists it with similar energy. It would not be too fanciful to state that a new idea is the most quickly-acting antigen known to science. If we evaluate ourselves honestly, we often discover that we argue against a new idea even before it has been completely stated." This reaction most probably contributes significantly to the "generation gap" which has been established between the young and older physicians of today as well as between medicine and the surrounding social structure. A casual glance at

daily tabloids and medical journals illustrates the reaction of our young, intelligent Dr. Kildares and Ben Caiseys. Headlines such as: "Long Hours, Bad Pay Hurt Intern and His Patient," "The House Officer, an Employee or Colleague," "The Doctor in a Screwed-Up World" express a legitimate concern. We are told that "during the first year after medical school, young doctors are overworked, underpaid and depersonalized." These young men have actively entered the collective bargaining arena and in some cities actually seek legal counsel as well as employment contracts with hospital administrators.

Although I truly sympathize with these well-motivated desires to submerge tradition and up-date the house-staff training program, certain short-sighted negative reactions to the proposed modernization schemes may prove detrimental to their final goal. Will the hospital administrators react to these demands by decreasing the number of house staff? Will an acquiescence to house staff demands short-circuit training programs and prove detrimental to the educational benefits derived during those formative post-medical school years? Will the aspiring medical student, "turned off" by the expectation of a regimented, controversial, collective bargaining environment in his hospital training years, turn to other professions? In order to appreciate the complexity of the dilemma presently confronting these young men in training, an historical review of the development of the hospital and the house staff concept may be appropriate.

**Modern medicine is generally regarded as having begun with the 19th century.** Before that time, both the exploratory and managerial decisions of medicine were made in a doctrinaire unscientific manner. Diseases were not defined in explanatory terms. Observed phenomena were simply given descriptive labels such as "fever," "cyanosis" and "consumption." Home-based therapeutic programs were conditioned by empirical observations and patients were bled, purged and vomited, blistered and dosed with mercury and antimony. Quackery and charlatanism were prevalent. Although the concept of a public hospital system had been long established by the Romans, many of the great hospitals, both in England and in Continental countries, were



either founded or rebuilt only during the latter part of the 18th century.

During the Middle Ages, service to mankind, especially the poor and needy was viewed as a worthwhile goal because it offered a means of sanctifying the doer. The means to this goal were manifested in the establishment and the operations of the early hospital. The sick patient was admitted to hospital "wards" only when admitting officials were convinced that he was not suffering from plague or lunacy. Incurables were sent home to free beds for those the hospital could easily manage. Friends of the sick occasionally contrived to smuggle in unsuitable cases unobserved. Once they were inside however, no one would take responsibility for them, supply their upkeep or even pay for their funeral.

All the unhappy connotations of the Almshouse and the Poor Law were applied to the hospital, which had to depend upon the patient and the uncertainty of voluntary contributions for its existence. No patients were turned away because they were unable to contribute to their own upkeep. The richer often paid for the poorer, the masters for the apprentices or the prosperous for poor relations. In those early days, discipline was rather strict and the punishments for infringing the regulations were rather harsh by modern standards. Besides compulsory attendance in the chapel, which usually began at 6 a.m., there was plenty of work to keep the patients busy since it was the avowed policy of the board of governors to keep the poor from idleness. One of the strictest hospital regulations was that against engagement or marriage. Both were forbidden to patients and staff alike. If two patients became engaged, the *stronger* one was immediately discharged. Cases of immorality often documented on circumstantial evidence alone, were punished at the whipping-post or in the stocks, both of which stood on the hospital premises. Thus, in medieval times the hospital was essentially an instrument of society to diminish poverty, to ameliorate suffering, to decrease the supply of beggars on the streets and to help maintain public order.

During the Renaissance the weakening of the religious contest of motivation for service to the sick led to an immediate and drastic decline in the effectiveness of the prevailing hospital

**concept.** The incorporation of physicians in organized professional societies, such as the chartering of the Royal College of Physicians in 1518, fundamentally influenced the further development of the hospital. In those early days when the doctor was added to the hospital staff as the principal therapeutic agent, the institution continued to offer generalized custodial services. Hospital patients were still considered to represent the unfortunates of society requiring acts of charity. As such, the practicing physician characteristically tended his paying clientele outside hospital bounds. It is not surprising, then, that doctors were first associated with the hospital on a part-time charity basis. However, since physicians held a virtual monopoly on medical knowledge which the hospital wanted applied to its patients, the doctor was placed in an unusually advantageous bargaining position. It meant that knowledge vital to hospital operation was in hands other than those which had administrative control over its operation—a structural situation remarkably similar to current policies! As of the 17th century, the relatively more sophisticated medical profession used the hospital for the study of disease as well as for its own practical education. Since the doctor was obliged to function within the established codes of his medical society and profession, the standards of the medical profession were gradually imposed upon the hospital. In addition, because medical care for patients and the education of apprentices were goals shared by both the medical profession and the hospital their courtship was a compatible one.

Formalized instruction courses for apprentice physicians in Europe were essentially non-existent before the 18th century, although an early 17th century account by John Woodall entitled, "The Surgeon's Mate" may actually describe one of the first coordinated surgical house-staff maneuvers.

*Let the Surgeon with all his assistance and friends not forget before the beginning of the work to heartily call upon God for a blessing upon their endeavors. Let the patient the day before have notice given him that he may also take time to prepare himself with true resolution of soul and body to undergo the work, as being never*

*performed without danger of death. Then let the surgeon prepare himself also with his helpers, namely at least five persons besides himself. One to sit behind the patient to hold him; a second who must be instructed to stand by the surgeon and to bestride the limb to be amputated and to hold the limb; and a third to hold and stay on the lower end of the diseased member to be taken off; a fourth to receive and bring back the sharp instruments; a fifth to attend the Artist and deliver to him the needles and buttons and prepared to apply the medicines to the amputated stump by hand; the sixth is the Artist himself that dismembereth.*

As medical knowledge advanced and the scientific quality of medical care was improved by the advent of routine autopsy, laboratory experimentation and learned technology, organized formal instructive courses in medicine developed. Students would sign up with a particular physician or surgeon for periods which often spanned 7-10 years. Some young aspiring physicians paid their fees directly to the master and lived with him. The number of physician apprentices were often limited by hospitals since the applicants far exceeded the number that could be trained. As hospitals grew in size and assumed more appropriate health care delivery roles, they began employing physicians for the purpose of providing medical care and teaching students. By 1750, a system of medical education had emerged in Europe quite similar to that employed in the United States today with the emphasis in practical training in the hospital after classroom instruction.



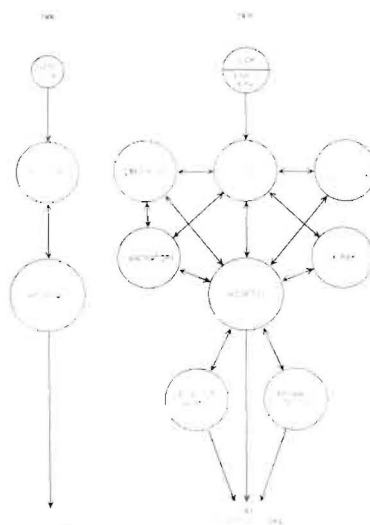


Despite features of the early American Society which permitted, if not encouraged, rapid change in medicine, early American physicians were still profoundly influenced by their European training. As a result, in the 18th century such leading American physicians as Benjamin Rush prescribed for fevers, "a low diet, heavy purging with calomel and bleeding to the point of fainting." The inability of trained physicians to achieve consistent results in their therapeutic efforts undermined the confidence of the public toward the practice of orthodox medicine. As a consequence, society was flooded with soothsayers, quacks, charlatans, and patent medicines. At this time, medical education also contributed little to improvements in medical practice. Although some medical schools had been founded and were operational, medical knowledge was gained primarily through apprenticeships. Licensure was non-existent and the quality of medical care varied considerably.

The period from the founding of the first American hospital in Philadelphia in 1751 to 1850 corresponds to the Middle Ages in European hospitals in which the basic purpose of Christian charity was established. These early hospitals were financed by charitable contributions and staffed by a handful of people to provide custodial care for the inmates. A steward or matron usually assumed disciplinary control over both employees and patients. Despite the casual appearance of local doctors who offered service to the patients, most of the hospital care facilities were focused on making the patient as comfortable as possible and preparing him for death, which usually followed soon after admission.

By the 1870's, noticeable changes began to occur and American hospitals were admitting patients who were suitable for treatment. Those with incurable diseases were sent to other community custodial agencies or turned away and only the curable, sick and poor were admitted. As noted for their European counterparts, the medical staffs of these institutions began to exert more and more influence on the formulation of policies of the hospital.

This became even more pronounced when hospitals began to affiliate with medical schools. Although the hospital had been established as a center for the delivery of acute care, the quality of medical care was totally inadequate. The patients, two-thirds of whom were men, could count on an average stay of from 8 to 10 weeks. Their chances of recovery were only about two in three and about 10 per cent died. The extreme brevity of record keeping in those days is illustrated by the following excerpt: "Sarah N.—Admitted April 1873. Has Chronic Rheumatoid Arthritis. December 1st, no better, has a water bed of a peculiar kind. Died October 4, 1877 of asthenia (weakness)."



With the speed with which our present house staff moves patients in and out these days, one must assume that this patient was on the most uncovered service of her time.

Although physicians were sometimes lacking in therapeutic effectiveness, they did not lack a sense of humor: "John J.—Admitted August 21, 1873. Age 68. Physician. Hypochondriasis. Treatment—Tonics. September 4, had quite a hemorrhage from his bowels today. December 1, cold, 3 young wives have taken all the heat out of him. Coughs."

**The impact of medical discoveries both here and abroad, rising confidence in the medical profession and expansion of hospital facilities led to a continuing increase in the number as well as a change in the type of patients who sought hospital treat-**

ment. In the late 1870's, the expertise of certain specialized physicians such as pathologists, gynecologists, radiologists, pediatricians and surgeons were needed to keep abreast of new developments in medical care and were added to the hospital medical staff. As a consequence, there developed a series of levels of membership on the medical staff such as full-time or house staff including residents and interns, visiting staff with full hospital privileges and associate or courtesy staff who could treat their hospitalized patients but had little to say about the formulation of staff policy. During this era, patient-doctor-hospital interrelationships as we know them today were established. Thus at the turn of the century, a random patient, with a random disease, consulting a doctor chosen at random, had, for the first time in the history of mankind, a better than 50-50 chance of profiting from the encounter.

At the beginning of the nineteenth century, there were only three schools of medicine and only two general hospitals. Medical education was chiefly in the hands of practicing physicians who like their European allies took students as apprentices for a certain number of years. The well-to-do student and those intent on more advanced training went to Germany, Edinburgh or London. There were only two or three medical journals and the only medical libraries were connected with the Pennsylvania Hospital and New York Hospital. After 1850 the number of medical schools in the United States and Canada increased to 457. The general standard of education was inferior and diplomas given after short two-year sessions. The competition and rivalry between these ill-equipped and trade-school like medical training institutions contributed immeasurably to the degeneration of the medical profession. Although 457 medical schools were on record in the latter part of the nineteenth century only 155 were in operation in 1907. The majority of these were of extremely poor quality representing short-term interim educational experiences and private ventures, with the income divided between the various lecturers. In some instances, the entire formal medical educational experiences spanned a 9 month period.

As a result of the oversupply of inferior medical schools, the country became oversupplied with mediocre doctors. In those days, doctors were as numerous as churches and as varied

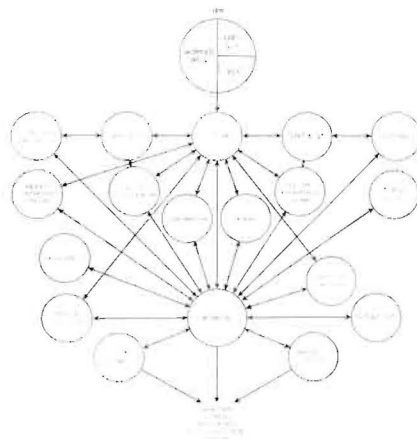


# Doctor in the House

in discipline. After personally site-visiting each of the 155 medical schools, Abraham Flexner submitted his well known report in 1910 to the Carnegie Foundation. In this extraordinary document he emphasized the need for university sponsorship of medical schools, the inactivation of proprietary workshops and the development of curricula that were soundly rooted in the medical science of biochemistry, physiology, pathology and pharmacology. The German medical schools abroad and Johns Hopkins and Harvard were cited as "exemplary models." "The country needs fewer and better doctors" wrote Flexner, "the way to get them better is to produce fewer." The effect of this report was so dramatic that within a few years the number of medical schools in this country was reduced from 155 to less than 80. Flexner's motto was "excellence" and he believed that medical schools should be independent, founded on a faculty of full-time men, devoted to the teaching of medicine and the advancement of medical science, and not responsible for either the medical or social needs of the community. He was however least favorably inclined toward the practice of medicine as such since in his opinion, "practice whether general or consultative becomes secondary."

The impact of the Flexner report on modern medicine in the United States was far-reaching. It caused a reform in medical education. The proprietary schools disappeared, admission requirements were upgraded, new medical school curricula were designed with a scientific base and American medicine became professionalized. As medical knowledge improved and specialization among the medical staff increased, the number of physician roles in the hospital's social structure in the early decades of the 20th century and the number of ancillary services needed for the physician to carry out his tasks adequately also increased. The establishment of radiologic, cardiographic and rehabilitation units and the development of innumerable diagnostic tests led to a more complex hospital social structure. Physicians now admitted less sick patients with diagnostic problems and because of house-staff assistance, were freed to treat more out-patients in private facilities. The physician also became more dependent upon the hospital and its technical staff as a base for his medical practice. New medical discoveries and surgical techniques

which followed World War II, together with expanding knowledge, a proliferation of medical technology, the establishment of pre-payment insurance plans, medicare and medicaid led to a further expansion of the hospital and the scope of its services so that mildly symptomatic individuals with diagnostic problems were admitted to expensively equipped and highly organized hospital centers and subjected to its multiphasic diagnostic and therapeutic components in relatively short time intervals. The dramatic growth of the hospital industry essential to satisfy society's health-care needs since World War II is reflected by a 16% increase in number of hospitals in the United States from 6,125 in 1946 to 7,138 in 1963. These statistics when analyzed in more detail reveal that the overall increment in hospital number was due



primarily to a 31.3% increment in the number of voluntary non-profit hospitals with tuberculosis sanatoria and chronic disease institutions decreasing by 54.8 and 16.9% respectively. In 1970, the *Journal of the American Hospital Association Guide Issue* reported that there were 7,144 hospitals with 1,650,000 beds, caring for 1,346,000 inpatients and 163,240,000 outpatients. These institutions employed 2.5 million people representing an annual payroll of \$16 million dollars.

The position of the physician utilizing these expanded and modernized facilities has changed under the influence of the Flexner era. Although he still clings to individualism and old traditions, he tends to be judged on his scientific knowledge and professional competence both by his peers and by better educated and informed consumers. Today's physician must adopt at-

titudes and provide leadership, based on his superior knowledge of the clinical setting and an understanding of the cultural psychosocial milieu that may affect his patients. **The modern physician must relate himself both to the scientific ways of thinking and to the understanding of advances in the natural and social sciences as they relate to medicine.** He must recognize that the health care systems in this country are in an evolutionary state of flux conditioned by society's ever changing demands. This double relation to science reflects a mixture of the scholarly and the pragmatic which has traditionally been characteristic of the physician and which we must strive to refurbish and foster. The practicing physician must assimilate the best and most appropriate of all current medical knowledge and the concept of the academic practitioner encouraged. Perhaps this is what Sir William Osler meant when he said: "True academicism, implying as it does continuing scholarliness and an ongoing commitment to excellence, buttresses the physician in the primary expression of his compassion for the sick, namely professional competence." What then are the problems confronting the full-time physicians who staff our medical centers? They are obviously subjected to and often subsumed by an exquisite organizational hierarchy in the modern hospital which leads, according to some, to depersonalized medicine. Others complain that long days coupled with overbearing night call scheduling lead to "disorganization, perceptual distortions and forgetfulness." There are additional outcries that the medical training program is a selfish system committed to the status quo and "only rivaled by the Marines in changing patterns of thinking." The internship, residency and fellowship graduate training programs provide the definitive base upon which subsequent professional activity depends. The most important features of this training period are in-depth evaluation of the basis for disease and the quality of primary patient care. These young men function primarily to coordinate the many modern maneuvers essential for the diagnosis and therapy



# Doctor in the House

of disease and adequate patient care within the confines of a traditional delivery system. They're damn good at it and should be paid accordingly! When have so many been given so little for so long for such commendable service? Daily underlying issues of town versus gown—salaried physicians versus fee-for-service physicians, scientific medicine versus the art of medicine, service patient versus paying patient and laboratory inefficiencies, all tend to create strains in the relationship of the house-staff with practitioners, and administrators alike. The private practitioner often looks upon the house staff, as well as specialized personnel and equipment characteristic of the modern hospital, as aides to his practice. A smoothly functioning hospital is vital to the private physician with little time for the few of his many patients who may be in the hospital at a given time for several days or weeks. He wants the hospital to be operated so that promotion of his practice is supported and patient complaints are minor. Private practitioners often praise the house officers for their superior performance, on the one hand, and blame them for their shoddy, amateurish ways and lack of loyalty to them, on the other. Although the private physicians look with mixed feelings upon the house staff, they realize how dependent they are upon them to get much of their work done in the care of their patients. Since patient care is essential to the education of the house staff, the delegation of the responsibility for working up and looking after a patient seems entirely appropriate. The interrelations between house staff and private physician also vary greatly, depending upon the interest and competence of the private physician. The house officer may take up the slack and perform his role, ensuring that the patient receives the requested care. He often thinks he gets too little credit for his efforts, his loyalty to the institution and to its system of medical care. Strains in the relationships between house officers and private physicians are sometimes great, not only because of different interests in education and research, but also because of differences

of opinion in the care of patients.

House officers are also confronted with strains in the relationship between private practitioners and university-oriented physicians. The latter are said to complain that private practitioners are not interested in science, have little interest in patient care but a strong interest in money. The private practitioners respond that the university based physicians are characteristically Flexnerian and interested essentially in research and advancing their academic careers. They assert that interest in patient care is lacking in the super-scientific world of the academician.

called *progressive* house-staffs continue to function within institutional imposed constraints and still offer the best of service to patients and physicians alike. Their timely concerns and well motivated honest rebuttals at a time when deception and deceit appear to be the rule rather than the exception in bureaucratic circles, are refreshing and commendable.

I submit that although the doctor in the house today is concerned about obtaining an appropriate income and establishing a favorable rapport with the practicing physician, administration and full-time academician to ensure a gratifying educational experience, his worries may be minor compared to those his successor may experience.

## Growth of the Hospital Industry, 1946-1963

Hospital type	Number of hospitals		
	1946	1963	Per Cent change
Total, United States	6,125	7,138	16.5
Non-Federal, short-term	4,444	5,684	25.6
Voluntary, nonprofit	2,583	3,394	31.3
Proprietary	1,076	896	-16.7
State and local	785	1,394	77.5
Non-Federal, long-term	1,277	1,008	-21.0
Psychiatric	476	499	4.8
Tuberculosis	412	186	-54.8
Chronic-disease	389	323	-16.9
All Federal	404	446	10.3

Source: American Hospital Association, *Hospitals: Guide* Issue, 1964, table I, pp. 482-483.

**Although these polar orientations do exist in the best of places, community health has often benefited from the catalytic effect of house staff, on the interaction between the academician and practicing physician.** The intern or resident soon realizes that the relationship between the hospital and the private practitioner is maintained by the needs of physicians for the services and facilities that are available to them only in the hospital. On the other hand, he also knows that the hospital, to remain a viable institution, is dependent upon the patients whom the private doctors admit to its facilities. Despite their varied concerns about a rigid status quo, salaries, depersonalized medicine, poor patient care offered by both academician and practitioner and "town versus gown" problems, our so-

Although in less than 300 years American medicine has attained a state of scientific sophistication beyond all earlier expectations, we are confronted with paradoxical statistics in the provision of medical services. In 1967 the National Advisory Commission in Health Manpower reported that "medical care in the United States is more a collection of bits and pieces (with overlapping, duplication, great gaps, high costs, and wasted effort) than an integrated system in which need and effort are closely related." **In such indices as longevity and infant mortality, the United States has been slipping badly.** Once near the top of the list among civilized nations, we are near the bottom. In 1959 we were already 13th on the list of life expectancy for males, and by 1965 we had slipped to



22nd place. In the more sensitive index of infant mortality, our country ranked eleventh in 1959, and eighteenth in 1965. In 1964 infant mortality among the white population in the United States was 22 per thousand births; that among the non-white population, 41 per thousand. These accumulated data mean that approximately one out of every 25 infants born in this country dies. There are many debates by different segments of the medical profession over where the blame should be placed for the crisis in the American health care system. Is it the fault of the medical school empire and its ivory tower academicians, the overworked "real world" practitioners, or organized medicine? Despite the increasing number of practicing physicians available to society they have tended toward specialty practice. It has been suggested that this trend makes it more difficult for people to obtain primary care which was traditionally provided by general practitioners. Although our present 114 operational medical schools will continue to produce potential practitioners they traditionally will concentrate their practice to highly populated metropolitan areas. The uneven distribution of practicing physicians in our socioeconomic structure is also considered an obstacle to the efficient delivery of medical care. Attempts to solve these problems seem to have emphasized more advanced organization of the health care system, while de-emphasizing the biomedical research programs which offered our students the best medical education and house staff training in the world. Large computerized regional complexes for total community care, intricate machinery for processing administrative as well as medical data and a score of medical and paramedical personnel appear forthcoming. In addition, the Carnegie Commission on higher education submitted a report in 1970 which emphasized the need for three major changes in the health education field: (1) Shorten the career development time for all personnel, particularly physicians; (2) increase the numbers and variety of supporting personnel such as physician assistants, biomedics and nurse associates; and (3) extend the scope of the university medical centers into the community areas in a more effective and extensive manner. The technology and medical procedures available for coping with the diseases that afflict today's population have been expanded and improved.

We must admit however that the structure of the system that deploys the technology and resources has become static and traditionalized by dogged individualism and seemingly irreversible reactions to medical and social circumstances in the Flexnerian era that were quite different from those that exist today. **The result appears to be a mismatch between the technology of medicine and the complexed apparatus that delivers care. Many observers see this mismatch as the cause of the crisis in medical practice, medical education and health care in the U.S. today.**

The impact of the Carnegie Report and reorganization of our health care delivery system on house staff training and education is presently conjectural, to say the least. What is to become of the house staff physician as we know him today when these essential changes are brought about? Will he become less sophisticated and knowledgeable because of a shortened non-Flexnerian trade school medical education? Will the day to day interplay between practitioner and scientist he presently enjoys be lost? If so, will this compromise the care he ultimately delivers to society? In professional education one hears of the terms "education," "training" and "training environments" and learns advanced techniques and skills for the explicit purpose of delivering services to society. Can we ensure a continuance of past educational experiences and excellent training environments for our house staffs when the bed-room community hospitals join the university hospital complexes or will the radical tenor of the wedding forfeit its ultimate consummation? Finally, what alternatives are available to the senior house staff physician who aspires to advanced training in the system of tomorrow when the anticipated wholesale reduction in federal support for biomedical sciences and health care delivery becomes a matter of fact?

Medicine has a changing and unchanging face, it is as necessary to learn the meaning of its transience as it is to recognize its stability. Born in mystery and superstition, beset by quackery, overburdened by ignorance, repressed by political and spiritual thought, medicine has emerged from the struggle of the centuries to become the world's greatest boon to mankind.

Like all great art, the art of medicine is the creative and skillful application of a scientific discipline to a human problem. The musician without harmony, the architect ignorant of essential engineering elements, the painter with no knowledge of pigment and perspective, are all amateurs as is the physician unversed in or intolerant to the science of medicine. Quackery, poorly motivated individualism and medicine are for practical purposes incompatible bed fellows. However, while medicine must be considered a science, in many particulars it *cannot* be exact, so baffling are the varying results of varying conditions of human life.

**I believe that medicine must now become the agent for change rather than the voice to resistance to change it has traditionally been.** But the change must be achieved through a system that continues to subject the student to the best that science can offer and one that subjects the young clinician to the exquisite art of patient care. It is our responsibility to build on the best of both and to demonstrate how they are inextricably linked. Let us not forget the words Sir William Osler delivered before the New York Academy of Medicine in 1903: "The hospital is a college in which both students of medicine and training physicians slowly learn for themselves, *under skilled direction*, the phenomena of disease. It is the true method, because it is the natural one, the only one by which a physician grows in clinical wisdom after he begins practice for himself—all others are bastard substitutes."

**Editor's Note:** Dr. Avioli, Sidney M. and Stella H. Shoenberg Professor of Medicine, presented "Doctor in the House" as the 21st Alpha Omega Alpha Lecture on May 17. He is a magna cum laude graduate of Princeton University and received the M.D. degree from Yale University Medical School. After training at North Carolina Memorial Hospital and the National Cancer Institute, Dr. Avioli was on the staff of the New Jersey College of Medicine before coming to Washington University in 1966. He is well-known for his extensive research on Paget's disease.



# Memories Shared by Returning Alumni



Reunion 1973—For the Class of '23 it was the opportunity to recall 50 years of practice, of friendship, of times both good and bad, of classmates who made the greatest impact on society and medicine.

And, naturally, there were reflections about the departed.

But this wasn't the only class that got together on May 10, 11 and 12. As Robert Burstein, chairman of the Class of '48, emphatically related, "This traditionally is *the biggest* reunion, and we were determined to make it just that. We tried hard to shape everyone up and get them back to St. Louis. With 40 of the class here, we did pretty well; most of them said they would return in 1978 for the 30th, and I believe they will."

For the Class of '68, the turnout was sparse, but that too is traditional. Chair-

man Gary Shackelford rounded up eight, which is by no means a record for the smallest attendance by a five-year class.

Chairmen Mary Parker, Class of '53, and Arlen Morrison, Class of '58, scheduled their reunions aboard the M. V. Huck Finn. Despite a flood-swollen Mississippi River, the groups got aboard, up the river and back—and because everyone had such an enjoyable evening they have vowed to go back for the next reunion.

As is evident from the accompanying photographs, Reunion 1973 included more than a single dinner with classmates. From an educational standpoint, the scientific programs offered timely



information from the leaders in the areas of breast cancer, hypertropic subaortic stenosis, and coronary artery disease.

The Ladies Committee, headed by Mrs. Donald H. Finger, arranged for tours and hospitality which were appreciated by more than just the wives of the reuniting doctors.

At the annual banquet, The Singing Doctors, led by James T. Brown, '48, here for his reunion, kept the audience "in stitches." A highlight of the entertainment was this solo by Charles E. Lockhart, '42, "composed en route from Springfield":



Welcome to Washington Alumni  
It's great to share reunion cheer  
"You haven't changed a bit," we lie  
(But) love to hear!  
We've added inches to our waistline  
We become either gray or bald  
We say it dignifies us—one and all.

Sunrise, sunset, sunrise, sunset,  
Swiftly flow the days  
One class reunion, then another  
We drink—then go our separate ways.  
Sunrise, sunset, sunrise, sunset,  
Swiftly fly the years  
One get-together, then another  
Our Singing Doctors, we're still here.

Greene County Boys, we started early  
B'fore "Queeney Tower" was e'er begat  
Now, with our beards and our trifocals  
(We're) still "where it's at."  
Our first 3 albums are sold out now,  
We keep recording more new songs.  
Med students still need help, so we press  
on.

Sunrise, sunset, sunrise, sunset,  
Swiftly flow the days  
One get-together then another  
We drink—then go our separate ways.  
Sunrise, sunset, sunrise, sunset,  
You all come next year  
One class reunion, then another  
Our Singing Doc's, will still be here.









*Class of 1923—50th reunion—Paul K. Webb, M.D., chairman*



*Class of 1943 March—Melvin L. Goldman, M.D., chairman*





*Class of 1928—Guy N. Magness, M.D., chairman*



*Class of 1933—George J. L. Wulff, Jr., M.D., chairman*



*Class of 1943 December—C. Read Boles, M.D., chairman*



# Memories Shared



*Class of 1938—Adolph H. Conrad, Jr., M.D., chairman*



*Class of 1953—Mary L. Parker, M.D., chairman*



*Class of 1963—William J. Phillips, M.D. and Thomas F. Richardson, M.D., co-chairmen*





*Class of 1958—Arlen E. Morrison, M.D., chairman*



*Class of 1968—Gary Shackelford, M.D., chairman*



*Class of 1948—Robert Burstein, M.D., chairman*



# Karen Scruggs, M.D. '73, Charming Individualist

By Sheila Rule

Of the Post-Dispatch Staff

The first black woman graduate of the Washington University School of Medicine belies the stereotypes associated with women in the professions. She doesn't hang tailored suits and starched jackets on a square body but wears attractive dresses to fit a small frame. She doesn't speak in a cold, strictly business voice, but in one that is soft and feminine. She isn't aggressive, just quietly determined.

The biggest stereotype Karen Scruggs destroys is the one about women not being as qualified for certain professions. She definitely is qualified, enough so to be selected to intern at the prestigious Massachusetts General Hospital in Boston.

"All of our stereotypes ought to go out the window. All of us are individuals and each person must decide for himself what things he is capable of doing and what is important to make his life whole, enjoyable and serviceable," said Miss Scruggs, who is 26 years old.

"Some people are brought up to believe that women are not capable of doing jobs involved with medicine, law and business. If women are involved in these occupations and are making it they aren't considered feminine. There has been a lack of exposure to professional women and that has caused some people to continue to use sex as a criterion in judging competence. People just shouldn't generalize about sexes, races or people as a whole. We are not as thorough as we should be in assessing a person's potential or performance. We often don't look at the right qualities."

Miss Scruggs said she was one of nine women in her graduating class of 97 students.

"This year's freshman class had 25 women out of about 125, which still isn't representative of the proportion of women in the sciences, in undergraduate school or of women in general. My impression is that private schools are accepting more women than state schools. The number of women med students is increasing everywhere, but some schools are more progressive than others."

The better-than-thou syndrome was

not present in the attitudes of male students, she said. Nor was the place-her-on-a-pedestal notion. She believed that Washington University male medical students treated women as their equals and that the faculty also accepted women as bona fide medical students who would use their education and talents.

"So many male med students have married female med students that there must be equal respect and admiration," she said. "Those couples work together quite well."

Life for Karen Scruggs began in Selma, N.C., where, at the age of 12, she began dreaming of becoming a doctor. Her deep love for music played tug-of-war with her interest in medicine for a few years but eventually gave way despite piano, organ and French horn lessons.

"Through the years my younger sister and I always received a great deal of encouragement, no matter what we wanted to do," she said. **"My parents always encouraged us to become proficient in whatever we chose to do.** They didn't care what vocation we chose as long as we did well and gave our best efforts.

"As a child I had both my parents to look up to. My mother is a full-time working mother, a public school music teacher. She has a master's degree and is working toward a doctorate in music education. My stepfather was a high school principal before his death."

Undergraduate years were spent at Macalester College in St. Paul, Minn. Her major was biology. During her years at Washington University, Miss Scruggs spent some of her spare time as an active member of the original St. Louis chapter of the Student National Medical Association, comprised of black medical and health care students at Washington and St. Louis universities.

Her musical talents were displayed at Berea Presbyterian Church, 3010 Olive Street, where she was a member of the chancel choir and the Berea Messenger Singers.

**Dr. Scruggs doesn't believe that a doctor must be married to her work.**

"I don't think medicine precludes marriage," she said.



Many women are married who also are fine doctors. Black women have always been engaged in work outside the home and have raised families successfully. We've always been able to manage both, perhaps out of necessity but we've done it. I dare say only in recent years has the black woman had the luxury of staying home as much as she wished to.

"I'm told that it is helpful for women in demanding careers to have a man who understands the pressures that go with the job. Any person who's interested in me and in what I'm doing and I in his work would be an equally valuable choice. It might be easier to be married to a doctor but that doesn't hinder the possibility of marrying someone else."

She would like to practice adolescent medicine, a rather new area that she said is currently being treated as a subdivision of pediatrics. Miss Scruggs's plans to enter the field of urban neighborhood community health are combined with a desire to teach adolescent medicine to medical students and others interested in that area.

"We're a long way from providing quality health care to the vast majority of the American poor," she said. "We need a lot of physicians, particularly minority physicians. We need to have doctors from various backgrounds to enlighten the larger community on the roles that culture and ethnic origin play in the presence or absence of health. They're needed to provide health care to the public at large or to the racial or ethnic groups from which they come."

"We've made some progress in the area of health care but we've got a long way to go. I want to be able to contribute to future progress in an important way."

**(Editor's note: This article is reprinted by permission of the St. Louis Post-Dispatch.)**



# Alumni Activities

## Medical Center Alumni Executive Council Named

Internist **James A. Wood**, '49, has succeeded surgeon **James M. Stokes**, '48, as president of the Washington University Medical Center Alumni Association.

**Donald H. Finger**, '50, an internist, is president-elect, and **George B. Rader**, '51, a surgeon, is vice president of the 6,000-member organization. Secretary-treasurer **Duane C. Hellam**, '59, is an assistant professor of medicine at the School of Medicine.

New local members of the Executive Council are **Charles Kilo**, '59; **Mary L. Parker**, '53; **Kenneth A. Koerner**, '41; **Sol Weisman**, '32; and **George L. Tucker**, M.D., former house officer.

Members-at-large are **Parker R. Beamer**, '43 March, Oak Park, Ill.; **James T. Brown**, '48, Springfield, Mo.; **Sue Marten**, M.D., former house officer, Springfield, Ill.; **Sydney S. Pearl**, '32, Elizabeth, N.J.; and **Richard Y. Sakimoto**, '33, Honolulu, Hawaii.

Dr. Wood also is an instructor in clinical medicine at the Medical School. Dr. Stokes is associate professor of clinical surgery; Dr. Finger, assistant professor of clinical medicine; Dr. Rader, instructor in clinical surgery; Dr. Kilo, assistant professor of clinical medicine; Dr. Parker, assistant professor of medicine and of preventive medicine and director of the University Student Health Service; Dr. Koerner, assistant professor of clinical pediatrics; Dr. Weisman, instructor in clinical obstetrics and gynecology; and Dr. Tucker, assistant professor of clinical surgery.

New ex-officio members of the Council are **Elmer B. Brown**, '50, associate dean for continuing medical education; **Lance J. Lembeck**, '71, a Mallinckrodt Institute of Radiology house officer, serving as a representative to the Alumni Board of Governors; and **Allen F. Martin, Jr.**, newly appointed director of alumni relations for Washington University.



*James A. Wood, M.D. '49, president of the Washington University Medical Center Alumni Association.*

## Pre- '20s and '20s

**Martin G. Fronske**, '07, Flagstaff, Ariz., was honored by the community and Northern Arizona University at a dinner celebrating his 89th birthday.

**Ward Fenton**, '22, La Junta, Colo., was recognized in his retirement at a program presented by his colleagues.

**Alfred O. Adams**, '24, Spokane, Wash., served in the state legislature from 1953 to 1970. He also was a member of the Presidential Electoral College in 1972.

**David M. Skilling**, '28, St. Louis, was honored at the opening of the Skilling Pulmonary Intensive Care Unit in St. Luke's Hospital. Friends contributed the funds to furnish the unit.

## '30s

**Herbert H. Gass**, '30, Pleasant Hill, Tenn., lectured on the dermatologic aspects of leprosy, and led discussion on the histiopathic changes and other aspects of the disease at the 1973 USPHS-ALM Annual Seminar in Carlinville, La.

**Stanley L. Harrison**, '30, Evanston, Ill., was appointed associate director of the American Academy of Pediatrics. He will continue to serve as director of the Department of Committees and Secretary of the Academy. The American Academy of Pedodontics recently awarded him honorary membership.

**Frederick L. Liebolt**, '30, New York City, was awarded the Citation of Distinguished Alumnus "for his noteworthy achievements" at the 99th annual commencement of the University of Arkansas in May.

**Carl Zelson**, '30, professor of pediatrics at the New York Medical College, has been awarded a \$600,000 HEW research grant for a three-year study of "The Effects of Maternal Drug Addiction on the Newborn Infant."

**William T. Crawford**, '31, Ft. Worth, Tex., received the Golden-Headed Cane Award from the Tarrant County Medical Society. This is the Society's highest honor.

**Samuel J. Byland**, '32, serves as mayor of Wellsville, Mo.

**Isaac Lorberblatt**, '32, Brooklyn, N.Y., has retired from the Veterans Administration's Department of Medicine and Surgery.

**Don J. Silsby**, '32, Springfield, Mo., was appointed to the board of directors of the Modern Security Life Insurance Company.

**Samuel R. Wallis**, '32, Lihue, Hawaii, has been appointed chief of staff at Wilcox Memorial Hospital and medical director of Kauai Medical Group.

**George H. Curtis**, '33, Euclid, Ohio, who retired in 1968 from Cleveland Clinic to practice at the Euclid Clinic, retired in July to move to Pinehurst, N.C.

**Joseph B. Kendis**, '33, St. Louis, presented a paper at the International Congress on Alcoholism and Drug Abuse in Amsterdam, Netherlands.

**William K. Wilson**, '35, Haleyville, Ala., is chief of surgery at Burdeck West Memorial Hospital.



## Alumni Activities

**Terrell V. Davis, Jr., '36**, Wilmington, Del., is director of psychiatry at the Wilmington Medical Center, and clinical professor of psychiatry and human behavior at Jefferson Medical College in Philadelphia.

**John L. Horner, '36**, has been re-elected first vice-chairman of the board of trustees of the St. Louis Blue Cross Plan.

**Nathan R. Kahn, '36**, left Brooklyn, N.Y., after 32 years in pediatrics, and is now practicing in Palm Beach, Fla.

**Raymond F. Kuhlmann, '39**, Burlington, clinical professor of orthopedic surgery at the University of Vermont College of Medicine, is president of the medical staff at the medical center.

### '40s

**Grace E. Bergner, '43 March**, St. Louis, was honored by Missouri Baptist Hospital for serving 25 years on the medical staff.

**Stanley Samuel Kanter, '43 March**, was appointed assistant clinical professor of psychiatry at Harvard University Medical School.

**Ernest T. Rouse, '43 March**, St. Louis, was elected president-elect of the Barnes and Allied Hospitals Society.

**Carlton G. Watkins, '43 March**, Charlotte, N.C., is president of the Association for Children with Learning Disabilities, and a member of the Charlotte-Mecklenburg Board of Education.

**C. Read Boles, '43 December**, St. Louis, has been appointed to the Governor's Advisory Council for Comprehensive Health Planning.

**David T. Graham, '43 December**, Madison, Wisc., was elected a fellow of the American College of Physicians.

**Tom G. Stauffer, '43 December**, Briarcliff Manor, N.Y., is chairman of the Westchester County Community Health Board. He also is president-elect of the New York Metropolitan College Mental Health Association, and president-elect of the Westchester Psychoanalytic Association.

**David S. Citron, '44**, Charlotte, N.C., is president of the Mecklenburg County Medical Society. In August he will become director of the family practice residency program at Memorial Hospital.

**Ira O. Pollock, '44**, Guthrie, Okla., has been elected chief-of-staff at Terry Hospital in Oklahoma City.

**Clarence G. Schulz, '45**, Towson, Md., will spend August in Brazil teaching psychiatry and psychoanalysis. His book, "Case Studies in Schizophrenia" (Basic Books, 1969) has been translated into Spanish and Italian.

**Hugh E. Stephenson, Jr., '45**, Columbia, Mo., was awarded the University of Missouri Alumni Association's 17th Citation of Merit. He was graduated from the two-year medical program there in 1943.

**A. Hal Thatcher, '45**, Oceanside, Calif., is an instructor of emergency medical techniques at Palomar Community College.

**Edward J. Twin, '45**, Shawnee Mission, Kan., is professor of medicine at the University of Missouri School of Medicine at Kansas City, and executive director of the Kansas City General Hospital and Medical Center.

**R. Robert Bates, '46**, Tucson, Ariz., has been elected a fellow in the American Academy of Family Practice.

**MacDonald Bonebrake, '46**, Springfield, Mo., has been installed president of the Greene County Medical Society.

**Gladden V. Elliott, '46**, La Mesa, Calif., is president of the California Radiological Society.

**Robert M. Farrier, '46**, has been named director of medical affairs of the Catholic Hospital Association, with headquarters in St. Louis. He has been director of the American Hospital Association's bureau of professional services.

**Andrew S. Lanier, '46**, has left Kewau-  
nee, Wisc., to join a five-man emergen-



*An even \$1,000—that's the amount on the check from the Singing Doctors which James T. Brown, M.D. '48, right, presented to Associate Dean John C. Herweg, M.D. '45. The Springfield, Mo. vocal physicians also contributed similar amounts to the state's other medical schools with the money earmarked for scholarships.*



cy room group in Roanoke, Va., at Community Memorial Hospital.

**Rosellen E. Cohnberg, '47**, purchased a 35-bed hospital and attendant clinic which she is operating in Cedar Vale, Kan.

**Col. Kenneth R. Dirks, '47**, is commander of the U.S. Army Medical Research Institute of Infectious Diseases at Fort Detrick, Md.

**Winfield D. Edgerton, '47**, Davenport, Iowa, was appointed to the newly organized "Flying Doctors Teaching Teams" of the American Association of Gynecological Laparoscopists. He is the vice-chairman of the Iowa Section of the American College of Obstetricians and Gynecologists.

**Leon Stutzman, '47**, Buffalo, N.Y., associate chief cancer research internist at Roswell Park Memorial Institute, commented on management of Hodgkin's disease in a recent *Modern Medicine*. He also was elected a fellow of the American College of Physicians.

**Robert Burstein, '48**, St. Louis, was designated president-elect of the St. Louis Gynecological Society.

**David S. Johnson, '48**, Portland, Ore., is director of laboratories and pathologist-in-chief at the Good Samaritan Hospital and Medical Center. He is also assistant clinical professor of pathology at the University of Oregon Medical School.

**Phillip N. Jones, '48**, Kenilworth, Ill., is associate professor of medicine at Rush Medical College.

**John A. McChesney, '49**, Charlottesville, Va., has accepted a full-time faculty appointment at the University of California Medical Center in San Francisco.

**Ralph H. Forrester, '49**, is professor of medicine and head of the division of ambulatory care and family medicine at the University of Texas Medical School in San Antonio.

**Roger E. Fox, '49**, Oceanside, Calif., has been elected a Fellow of the American Academy of Family Physicians.

**Francis L. Kozal, '49**, Crystal City, Mo., was featured in an article in the *St. Louis Post-Dispatch* for his work as administrator of the Jefferson County Health Department.

**Stanley N. Rokaw, '49**, Downey, Calif., is president of the California Thoracic Society.

## '50s

**W. N. Chambers, '50**, Clearwater, Fla., has been appointed assistant professor of psychiatry at the University of South Florida School of Medicine. He is also on the staff of Tampa Veterans Administration Hospital.

**Frank A. Howard, '50**, West Newton, Mass., is a member of the American Society of Internal Medicine Peer Review Committee.

**John R. Kiser, '50**, San Diego, Calif., has joined the clinical division staff as an associate at Scripps Clinic and Research Foundation.

**James D. Mills, Jr., '50**, Alexandria, Va., 1972-73, president of the American College of Emergency Physicians, has been appointed clinical associate in medicine at Georgetown University.

**Ernest L. Wynder, '50**, president of the American Health Foundation, New York City, was interviewed about "Diet and Colon Cancer" in the May/June issue of *Ca*.

**Lucien B. Guze, '51**, Los Angeles, Calif., was elected a fellow of the American College of Physicians.

**Charles J. Jannings, '51**, Fairfield, Ill., was cited in an article in *American Medical News* for his evaluation of recent developments in American medicine which he expressed in a letter to Army Major F. Harold Kusher, MC, the only physician captured by North Vietnam, and who was among the American prisoners-of-war released this year.

**Wendell C. Kirkpatrick, '51**, Longview, Wash., a Diplomate of the American Academy of Family Practice, received the Silver Beaver, the highest award for an adult scout on the council lev-

el. He also is listed in *Who's Who in the Pacific Northwest*.

**John H. Knowles, '51**, New York City, president of the Rockefeller Foundation, has been appointed a trustee of Washington University. He also was elected a member of the College of Electors of the Hall of Fame for Great Americans at New York University.

**Volney C. Morgan, '51**, West Covina, Calif., is medical director of the Lark Ellen Towers.

**Semon J. Sandven, '51**, Santa Monica, Calif., has been appointed assistant clinical professor of medicine at the UCLA Center for the Health Sciences.

**Jack N. Wiles, '51**, West Plains, Mo., is a Diplomate of the American Board of Family Practice.

**Brent Parker, '52**, on July 1 was appointed professor of medicine and chief of clinical cardiology at University of Missouri School of Medicine, Columbia. He recently was elected a fellow of the American College of Physicians.

**Beverly Jeanne Endres Burdette, '53**, Oklahoma City, has been appointed associate clinical professor of anesthesiology at Oklahoma University School of Medicine.

**Jean A. Chapman, '53**, was designated president-elect of the Missouri State Allergy Association at its annual meeting.

**Orvis A. Harrelson, '53**, Tacoma, Wash., is chief consultant for National Instructional Television in the development of "Inside Out," a health education series for children.

**William G. Malette, '53**, Lexington, Ky., was elected president of the Association for the Advancement of Medical Instrumentation. (AAMI)

**Albert P. Scheiner, '53**, Rochester, N.Y., has been appointed director of Monroe Developmental Services, for children with developmental disabilities.

**George L. Shmagranoff, '53**, Redwood City, Calif., is chairman of the department of medicine at Sequoia Hospital.



## Alumni Activities

**Col. David E. Langdon, '54**, has been assigned to U.S.A.F.E. Hospital in Wiesbaden, Germany.

**Keith E. Pipes, '54**, St. Louis, is presi-

dent of the board of directors of the Social Health Association.

**Daniel L. Rosenstein, '54**, is now in the department of pathology at the Univer-

sity of Missouri, Columbia. He recently passed the sub-specialty board in blood banking.

**Martin E. Liebling, '55**, Miami, Fla.,

# Hawaii Physician of Year Is WUMS '51

By John Knox

Advertiser Staff Writer

"Oh, we doctors make a good living, but you can't do just that." Then, breaking into a huge if slightly embarrassed grin: "You gotta get involved in community affairs!"

George Goto, M.D., Honolulu obstetrician and gynecologist, does not utter such words lightly. He has been so thoroughly and successfully involved in community affairs that the Hawaii Medical Association recently named him Hawaii's physician of the year and presented him the A. H. Robins Award for Community Service.

Goto is chief of the department of obstetrics and gynecology at Queen's Medical Center. He and his wife and their two daughters live at 1023 Waiiki Street.

The chairman of the medical association's legislative committee, Goto was among the chief moving forces in the medical community mustering support for Hawaii's historic abortion bill.

He is a modest man who downplays his role in moving Hawaii into many of its most sweeping medically related social changes: "I just happen to be there when those things happen."

Goto first "happened to be there" not long after he was graduated with his M.D. from Washington University in St. Louis in 1951.

It was in 1960 that the young doctor became chairman of the Hawaii Medical Association's "Maternal and Perinatal Mortality Study Committee," a group that studied deaths of mothers or infants during childbirth so doctors could learn how to cut the mortality rate.

"We were having difficulty obtaining records (of deaths and hospital inquiries). The hospitals and physicians



were reluctant to release the records because of the danger of their being subpoenaed (for malpractice suits)," said Goto.

The group spent several years pushing a bill through the Legislature that allowed the records to be immune from subpoena while they were being studied for educational purposes. As a result, said Goto, his committee made findings that have saved many lives in the past 10 years.

**Since then, Goto has helped lobby for many medical bills.**

He was head of a task force on mothers and infants as part of a statewide survey on mental health in 1964. The task force decided that family-planning information for low-income families was a prime mental health requirement. This decision led to the present policy under which State agencies dispense family-planning information.

"Soon after that was the push for establishing a Hawaii Planned Parenthood group here. I was just one of the people involved in helping Cosette Mul-

der get the organization started," he said.

**"The next thing just fell into place, and that was the abortion issue.** By that time I had been made chairman of the legislative committee of the association," said Goto.

Passage of the bill did not, of course, "just fall into place." The first major abortion-reform proposal was made in 1967, and, Goto recalled: "The first time we went to testify we got clobbered. The testimony was overwhelmingly against liberalization."

But Goto and his committee worked hard at grassroots politics the next few years, organizing talks and seminars at community groups and seeking the politically important support of large woman's organizations.

When the American Association of University Women got behind the bill and when Gov. John A. Burns made a public statement against restrictions on abortion, said Goto, "I knew we were all right." The bill passed in 1970.

Goto's next legislative objective is to remove a legal requirement that doctors must advise parents when they treat or diagnose minors under 18 who are pregnant or have venereal disease.

He explained his reasons for lobbying for such a bill:

"Unless minors are treated immediately after a diagnosis of gonorrhea is made, the organisms will cause permanent infertility or even require complete removal of the genital organs.

"But sometimes teenagers are more afraid of their parents than of the disease. And if they know we are required to tell their parents, they may not even come in for a diagnosis. That's the thing that's bad."

*(This article is reprinted by permission of the Honolulu Advertiser.)*



was elected a fellow of the American College of Physicians.

**Stephen I. Morse, '55**, New York City, was elected a fellow of the American College of Physicians.

**Thomas N. Hunt, '56**, Orinda, Calif., is medical director of the Blood Bank of the ACCMA and on the board of directors of the American Association of Blood Banks. He is a pathologist at Mt. Diablo Hospital in Concord.

**A. Zachary Apfel, '57**, Brooklyn, N.Y., is a member of the child welfare committee of Kings County Medical Society. He is assistant clinical professor of pediatrics at the State University of New York Downstate Medical Center College of Medicine.

**Richard E. Lauritzen, '57**, Great Falls, Mont., is immediate past-president of the Cascade County Medical Society, and president of the local Trout Unlimited chapter.

**Robert C. Meredith, '57**, is head of the neurosurgical branch of the U.S. Naval Hospital in Yokosuka, Japan. He was promoted to captain last year.

**John R. Broadwater, '58**, Fort Smith, Ark., is state vice president of the American Cancer Society, second vice president of the Symphony Association, and on the board of trustees of the Art Center.

**T. Shelly Ashbell, '59**, Chicago, Ill., was promoted to associate professor of surgery at The Chicago Medical School. He is chief of the division of plastic and reconstructive surgery.

**Albert L. Rhoton, '59**, Gainesville, Fla., has been appointed professor and chief of neurological surgery at J. Hillis Miller Health Center at the University of Florida.

## '60s

**Charles W. Boren, '60**, West Hartford, Conn., is chief of the psychiatric section of the Institute of Living in Hartford.

**Dick D. Briggs, Jr., '60**, Mountain Brook, Ala., is professor of medicine at the University of Alabama Medical Center. He is also director of the pulmonary division and coursemaster for

the correlated basic medical sciences respiratory section.

**James F. Jekel, '60**, Hamden, Conn., from June to December is in England as visiting professor of community health at the University of Nottingham Medical School.

**Phillip E. King, '61**, Liberty, Mo., has terminated his family medicine practice and has developed a second career in full-time emergency medicine.

**Thomas J. McGonagle, '60**, Denver, Colo., was elected a fellow of the American College of Physicians.

**Ronald E. Rosenthal, '61**, Nashville, Tenn., on July 1 became associate professor of orthopedic surgery at Vanderbilt University School of Medicine. In addition to clinical and teaching responsibilities, he will be doing research on synovium in acute trauma, financed by an NIH grant.

**Shigemi Sugiki, '61**, Honolulu, Hawaii, is chairman of the department of ophthalmology at Queen's Medical Center.

**Donald M. Rubin, '62**, Brooklyn, N.Y., has been promoted to assistant director of Brooklyn State Hospital.

**Gary M. Boelling, '63**, Astoria, Ore., was certified by the American Board of Internal Medicine.

**Charles D. Leonard, '63**, has left Lexington, Ky., to join the Lovelace Clinic in Albuquerque, N.M. He was elected a fellow of the American College of Physicians.

**Robert M. Swenson, '63**, Philadelphia, Pa., is associate professor of medicine and microbiology and head of the section of infectious diseases at Temple University School of Medicine.

**Ronald G. Evens, '64**, St. Louis, will serve a second year term as secretary-treasurer of the Missouri Radiological Society.

**Anne B. Fletcher, '64**, Potomac, Md., is assistant professor of pediatrics at George Washington University Medical School. Husband **J. Raymond Fletcher, '64**, is finishing his thoracic surgery residency.



*At the dedication of the Geisinger Medical Center's Bush Pavilion on June 2, guest speaker, Florida Congressman Paul G. Rogers, left, and Pennsylvania Congressman Daniel J. Flood, right, chat with Leonard F. Bush, M.D. '34. Dr. Bush's service to the Danville, Pa. health facility began with his internship, and since 1958 he has been executive director.*



# Alumni Activities

**Stanley F. Katz, '64**, Tucson, Ariz., has been certified by the American Board of Orthopedic Surgery.

**George F. Reinhardt, '64**, Hines, Ill., is assistant professor of surgery at Loyola University Stritch School of Medicine, and staff surgeon at the Veterans Administration Hospital.

**Carolyn B. Robinowitz, '64**, Bethesda, Md., is in charge of medical student teaching in psychiatry at George Washington University. Her husband, Max, is at Georgetown University School of Medicine in pathology and nuclear medicine.

**W. Mark Wheeler, III, '64**, Portland, Ore., is in private practice and is teaching internal medicine at University of Oregon School of Medicine.

**David L. Dunner, '65**, Tenafly, N.J., has been appointed assistant professor of clinical psychiatry at Columbia University College of Physicians and Surgeons.

**Carl G. Kardinal, '65**, Oakland, Calif., has been appointed head of the hematology-oncology branch at the Oak Knoll Naval Hospital. He is also principal investigator in the Western Cancer Study Group.

**Markham Fischer, '66**, has joined the staff of the Ashland (Wisc.) Memorial Medical Center after completing a radiology residency at the University of Minnesota and Veterans Administration Hospital in Minneapolis.

**Edward Joseph Goetzl, '66**, was appointed assistant professor of medicine at Harvard University Medical School.

**Bruce Leonard Holman, '66**, Boston, Mass., was appointed assistant professor of radiology at Harvard University.

**David L. Polage, '66**, Yakima, Wash., has opened private practice after a fellowship in pediatric cardiology at the University of Utah.

**Robert C. Trueworthy, '66**, Shawnee, Kan., was appointed assistant professor of pediatrics at Kansas University Medical Center after completing two years in the Air Force at Biloxi, Miss.

**Edward A. Eikman, '67**, has been appointed assistant professor of medicine

## Receptions Scheduled

The Washington University Medical Center Alumni Association will sponsor receptions at the following meetings:

**American College of Surgeons**, Oct. 15, Chicago

**Radiological Society of North America**, Nov. 26, Chicago

**American Academy of Orthopaedic Surgeons**, Jan. 21, Dallas

**American College of Physicians**, April 1, New York

**Missouri State Medical Association**, April 6, Kansas City

**Federation of American Societies for Experimental Biology**, April 8, Atlantic City

**American College of Obstetricians and Gynecologists**, April 29, Las Vegas

**American Society for Clinical Investigation**, May 6, Atlantic City

**American Psychiatric Association**, May 6, Detroit

**American Medical Association**, June 24, Chicago

Graduates of the School of Medicine, former house officers, faculty and former faculty, spouses and friends are invited.

at the University of South Florida School of Medicine in Tampa, and will work in nuclear medicine.

**Gary S. Rachelefsky, '67**, Pacific Palisades, Calif., had an article "Failure of Rubella Hereditary Immunity During an Epidemic" in the *New England Journal of Medicine*. He is a fellow in pediatric immunology at UCLA Medical Center.

**Henry N. Massie, '67**, Berkeley, Calif., a fellow in child psychiatry at Mount Zion Hospital and Medical Center in San Francisco, also is an associate in training at the San Francisco Psychoanalytic Institute.

**Gary A. Ratkin, '67**, San Antonio, Tex., assistant chief in hematology-oncology service, Wilford Hall USAF Medical Center, Lackland Air Force Base, has been certified by the American Board of Internal Medicine as a diplomate in hematology.

**Maribeth Sayre, '68**, has left as co-director of the Newborn Center at Denver Children's Hospital to become di-

rector of neonatology at Oakland (Calif.) Children's Hospital.

**Maj. David L. Stabenow, '68**, Rockville, Md., has completed a residency in dermatology at Walter Reed General Hospital and is now on staff there.

**Lynn M. Taussig, '68**, Quebec, Canada, is a fellow in pediatric pulmonary diseases at the Montreal Children's Hospital.

**John W. Barr, '69**, a diagnostic radiology resident and cardiovascular fellow at University of California at San Diego School of Medicine, presented a paper at the American Hospital Association convention. He will continue his angiographic training as an NIH fellow at the University of Oregon School of Medicine.

## '70s

**William A. Blattner, '70**, Rochester, N.Y., a resident in internal medicine at New York Cornell Medical School, will spend two years at the National Cancer Institute in the epidemiology branch in Bethesda, Md.

**Joann L. Data, '70**, Nashville, Tenn., in July began a fellowship in clinical pharmacology at Vanderbilt University School of Medicine.

**Clifton G. Harris, III, '70**, Fayetteville, N.C., is flight surgeon for the 82nd Airborne Division at Fort Bragg.

**Alexander L. Miller, '70**, Boston, Mass., is a psychiatry resident at Massachusetts General Hospital.

**David W. Scharp, '70**, Barnes Hospital surgical fellow, received first award at the St. Louis Surgical Society's 16th Fundamental Forum for his paper "Preservation and Transplantation of Isolated Pancreatic Islets."

**Capt. William M. Tuttle, '70**, is stationed at the Army Medical Center, Okinawa, Japan, as general medical officer-allergist.

**Sandra M. Carnesale, '71**, New York City, after a year as full-time emergency room physician at Brookdale Hospital in Brooklyn, began an internal medicine residency.



**Edward C. Clark, '71**, is a Navy flight surgeon at North Island, San Diego, Calif.

**Robert M. Simpson, '71**, Albuquerque, N.M., is an orthopedic surgery resident at the University of New Mexico-Bernalillo County Medical Center.

## Former House Staff and Former Faculty

**John D. Armstrong, M.D.**, who was assistant chief of radiology at the Naval Hospital in Bethesda, Md., is assistant professor of diagnostic radiology at the University of Utah Medical Center and director of radiology at the Veterans Administration Hospital in Salt Lake City.

**Elliott Berson, M.D.**, Boston, Mass., assistant professor of ophthalmology, Harvard Medical School, has been named director of the laboratory for the study of retinal degenerations at the Massachusetts Eye and Ear Infirmary.

**Mildred C. Dugan, M.D.**, Fort Worth, Tex., has been awarded the following honors: Personality of the South for 1969, '70, '71, and '72; Community Leader of America, 1972; member of 2,000 Women of Achievement, 1972; fellow in pediatrics, Pan-American Medical Association; member of *International Who's Who in Community Service*, 1972; medical advisor for North Texas Chapter of the National C. F. Foundation, 1972; member of *The World Who's Who of Women*, 1973; the *Dictionary of International Biography*, 1972; and a fellow of the Royal Society of Health, England, 1971.

**Gilbert B. Forbes, M.D.**, Rochester, N.Y., has been named editor of the *American Journal of Diseases of Children*.

**Robert J. Glaser, M.D.**, Palo Alto, Calif., president of the Henry J. Kaiser Family Foundation, received the honorary Doctor of Science degree from Temple University in May, and the honorary Doctor of Humane Letters from Rush Medical College in June. He also is vice president of the American

Academy of Arts and Sciences, and a visiting professor of medicine at Stanford University School of Medicine.

**S. Philip Greiver, M.D.**, Louisville, Ky., has been chief of the department of medicine and chairman of the medical education committee, 1971-73, at Jewish Hospital.

**Charles A. Johnson, M.D.**, Sarasota, Fla., was elected to the County Public Hospital Board and to the board of directors of Doctors Hospital.

**A. Victor Khayat, M.D.**, Washington, D.C., senior attending psychiatrist at the Washington Hospital Center, is a consultant at the National Institutes of Health.

**Richard L. Klein, M.D.**, Tenafly, N.J., is chief of hematology at Englewood Hospital.

**Vincent T. Marchesi, M.D.**, New Haven, Conn., was awarded the 17th Parko Davis Award for outstanding research in the basic cellular mechanisms of disease.



*On the event of her 25th anniversary with the School of Medicine, Mrs. Pauline Briggs, supervisor of academic appointments and academic payroll, received a silver tea service from Dean M. Kenton King, M.D.*

**Anthony Markello, M.D.**, East Aurora, N.Y., clinical assistant professor of psychiatry at The State University of New York at Buffalo, is a diplomate in the American Board of Internal Medicine.

**Richard W. McCallum, M.D.**, Los Angeles, Calif., began a second-year gastroenterology fellowship at the Veterans Administration Center.

**Daniel W. McKeel, M.D.**, San Antonio, Tex., is a pathologist at the U.S. Army Institute of Surgical Research at Fort Sam Houston.

**Douglas Moir, M.D.**, Washington, D.C., is a post-doctoral research fellow in hypertension and hemodynamics sponsored by the Washington and American Heart Associations. He is affiliated with D.C. General and Georgetown University Hospitals.

**Merrill C. Oaks, M.D.**, Provo, Utah, has been elected to the Utah Ophthalmological Society and a diplomate of the American Board of Ophthalmology. His wife, Josephine Ann, was selected 1972 National Young Mother of the Year.

**D. Charles Olson, M.D.**, Liverpool, N.Y., is clinical instructor in orthopedic surgery at New York University Upstate Medical Center.

**E. James Potchen, M.D.**, has been appointed dean of management resources at the Johns Hopkins University School of Medicine. He has been a Sloan Fellow at the Massachusetts Institute of Technology School of Management during this year.

**Charles H. Rammelkamp, Jr., M.D.**, Cleveland, Ohio, delivered the Thomas Francis, Jr., Lecture at the University of Michigan. He also was elected a member of the Institute of Medicine.

**David Rimland, M.D.**, Hershey, Pa., is an Epidemic Intelligence Service officer.

**David Rockoff, M.D.**, Washington, D.C., professor and chairman of the department of radiology at George Washington University Medical Center, is consultant to the National Institutes of



# Names Make News

Health, and editor-in-chief of "Investigative Radiology."

**William D. Seybold, M.D.**, Houston, Tex., is chief-of-surgery at St. Luke's Episcopal Hospital, chief-of-staff at Kelsey-Seybold Clinic, and professor of clinical surgery at Baylor College of Medicine.

**Igal Silber, M.D.**, Santa Ana, Calif., is assistant professor of surgery at the University of California, Irvine School of Medicine.

**George F. Solomon, M.D.**, Los Altos Hills, Calif., is co-authoring a popular book, *Psychology of the Strong Person*, to be published by B. P. Putnam Sons.

**Chi Tsung Su, M.D.**, Baltimore, Md., is chief of the division of plastic surgery at City Hospital.

**Marlys H. Witte, M.D.**, Tucson, Ariz., associate professor of surgical biology at the University of Arizona College of Medicine, is director of the Clinical Research Center at Arizona Medical Center. Her husband, Charles, is associate professor of surgery.

**Anthony Yonkers, M.D.**, Bellevue, Neb., was elected a fellow in the American College of Surgeons. He is vice chairman of the department of otolaryngology at the University of Nebraska Medical School.

## Rank Elevations Announced For 78 Medical Faculty

Ten members of the Medical School Faculty were elevated to emeritus rank, and 68 received promotions effective July 1.

Newly named emeritus were **Lauren V. Ackerman**, professor of pathology and surgical pathology; **Willard M. Allen**, professor of obstetrics and gynecology; **Robert W. Bartlett**, associate professor of clinical surgery; **Justin J. Cordonnier**, professor of genitourinary surgery; **Max Deutsch**, assistant professor of clinical pediatrics; **Oscar O. Hampton, Jr.**, associate professor of clinical surgery; **Paul F. Max**, instructor of clinical obstetrics and gynecology; **James L. O'Leary**, professor of neurology and experimental neurological surgery; **A. Chesterfield Stutsman**, assistant professor of clinical otolaryngology; and **Robert E. Votaw**, assistant professor of clinical otolaryngology.

Promoted to professor were **Robert E. Thach**, biological chemistry; **David H. Alpers**, medicine; **Bernard T. Garfinkel**, clinical medicine; **David E. Kennell**, microbiology; **Joseph C. Jaudon**, clinical pediatrics; **Franz M. Matschinsky**, pharmacology; **Tom W. Staple**, radiology; and **Thomas B. Ferguson**, clinical surgery.

Associate professors include **David**

**F. Silbert**, biological chemistry; **Robert E. Kleiger**, **Robert M. Senior**, and **Gerald Medoff**, all medicine; **Robert S. Karsh**, **William D. Perry**, and **Burton A. Shatz**, all clinical medicine; **Ee Thye Yin**, research medicine; **Joseph M. Davie**, microbiology; **Alan L. Pearlman**, neurology and physiology and biophysics; **Robert Burstein**, **Norman K. Muschany**, and **David Rothman**, clinical obstetrics and gynecology; **Mark May** and **Donald G. Sessions**, otolaryngology; **Michael Kyriakos**, **Juan Rosai**, and **Thomas W. Tillack**, all pathology.

Others named associate professor were **Lawrence I. Kahn**, **Richard E. Marshall**, and **Virginia V. Weldon**, all pediatrics; **Carl M. Rovainen**, physiology and biophysics; **Sung C. Choi**, preventive medicine and public health; **Marijan Herjanic** and **Barbara J. Powell**, psychiatry; **Richard E. Clark**, **Alexander S. Geha**, and **Robert C. Royce**, all surgery.

Promoted to assistant professor were **Robert W. Barton**, **Debesh Mazumdar**, **Stephen S. Lefrak**, and **Cary A. Presant**, all medicine; **Harold J. Joseph**, clinical medicine; **Robert S. Goell**, **M. Bryant Thompson**, and **J. Leslie Walker**, clinical obstetrics and gynecology; **Bernard Adler**, **Wayne A. Viers**, and **Joseph A. Davidenas**, all clinical otolaryngology; **Michael L. McDaniel**, pathology; **Leslie L. Barton**, **Barbara R. Cole**, **Morey W. Haymond**, **Vita J. Land**, and **James K. Turner**, all pediatrics; **Helen Palkes**, psychology in pediatrics; **Ira J. Friedman** and **Richard Margolis**, clinical pediatrics; **Harold D. Wolff**, psychiatry; **Robert C. McKnight** and **G. Leland Melson**, both radiology; **Charles B. Anderson**, **Hugh O. O'Kane**, **Robert D. Donaldson**, and **Irshad H. Chaudry**, all surgery; **Robert H. Lund**, **Jerome F. Levy**, **Richard H. Fallon**, and **Stanley L. London**, all clinical surgery; and **Robert A. Ratcheson**, neurological surgery.



*Blake W. Moore, Ph.D., professor of biochemistry in psychiatry, left, received \$89,984 from St. Louis chapter chairman Warren Reed of the Multiple Sclerosis Society. The grant will be used in determining the functions in the nervous system of specific membrane proteins.*



# Frank Richard Bradley, M.D.

## 1900-1973



Frank Richard Bradley, M.D., professor emeritus of hospital administration at Washington University School of Medicine and director emeritus of Barnes Hospital, died Friday, Aug. 3, 1973 at his summer home in Buena Vista, Colorado, after an illness of six months. He was 73.

He received the medical degree in 1928 from Washington University. An honorary degree of LL.D. was conferred upon him by Central College, Fayette, Mo. in 1943. He was a member of the Medical School Executive Faculty from 1942-62. In addition to being director of Barnes Hospital for 22 years, Dr. Bradley in 1946 founded the Graduate Program in Hospital Administration at Washington University School of Medicine. He served as professor and director of the program until 1968 when he was promoted to professor emeritus.

Dr. Bradley also served as vice chairman of the Joint Commission on Education headed by Charles E. Prall. Sponsored by the American College of Hospital Administrators and American Hospital Association, with financial support from the W. K. Kellogg Foundation, the commission devoted most of its time and energy to the development of new university programs for the graduate education of hospital administrators and the promotion and improvement of the administrative residency. Dr. Bradley was instrumental in developing the commission's 1948 report published in book form entitled "*The College Curriculum in Hospital Administration*."

*The Hospital Administrative Residency*, the original guide to the objectives of residency training and methods of selection, orientation, instruction, and evaluation for preceptors, published by the American College of Hospital Administrators and revised periodically, was greatly influenced by Dr. Bradley's concept of education for the profession.

Frank Bradley was not only a successful practitioner of hospital administration, but also an educator and philosopher. He contributed liberally to the hospital professional literature,

having 118 papers and articles published, in addition to writing the history of Barnes Hospital which was in manuscript form at the time of his death.

He served as president of the American College of Hospital Administrators in 1946-47; regent of the College in 1942 and 1947; and as president of these organizations: American Hospital Association, 1954-55; American Protestant Hospital Association, 1960; Association of University Programs in Hospital Administration, 1961-62; Missouri Hospital Administration, 1939 and 1943; St. Louis Hospital Council, 1941-42 and 1951-52; and American Academy of Medical Administrators, 1960-61. He served as consultant to the Surgeon General of the U.S. Army, 1951-56 and 1958-61, and to the Surgeon General of the U.S. Navy, 1954-58. In 1948-49 he was a member of the Hoover Committee Task Force to study means of simplifying and reorganizing the medical services of the federal government.

There is no doubt that Dr. Bradley will be remembered as one of the fathers of hospital administration education and will rank in stature to the late Michael M. Davis of the University of Chicago, Malcolm T. MacEachern of Northwestern University, and Harvey Agnew of Toronto University.

He believed strongly in the dignity and essentiality of work and that the hospital's creed of service falls upon the physician, nurse, administrator and other trained personnel through patient care, education, and research. He felt that human service is a pleasant duty and not a sign of weakness, that very simple things bring happiness. Dr. Bradley often quoted Sir William Osler, who said in *Doctor and Nurse*, "meting out to all alike a hospitality worthy of the Hotel Dieu, and deeming ourselves honoured in being allowed to act as its dispensers."

The family has requested that memorials be sent to the Frank R. Bradley Scholarship and Loan Fund at the School of Medicine.

**James O. Hepner, Ph.D.**

Director of the Graduate Program in Health Care Administration

## IN MEMORIAM

### Alumni

George M. Park, '05 . . . . . June 2, 1973  
 Edwin L. Sheahan, '05 . . . June 2, 1973  
 Lee Elsworth Monroe, '07 Jan. 17, 1973  
 Timothy S. Bourke, '10 . . May 29, 1973  
 Harry V. Gibson, '24 . . . June 23, 1973  
 Lawrence M. Knox, '24 . . May 17, 1973  
 Curt E. Leuschner, '24 . . Sept. 25, 1972  
 Hubert M. Denny, '25 . . . July 13, 1973  
 Alfred N. Flaten, '26 . . . . Jan. 6, 1973  
 Frank R. Bradley, '28 . . . Aug. 3, 1973  
 Adolph R. Mueller, '29 . . July 2, 1973  
 Dan Roy Sewell, Jr., '31 . . April 14, 1973  
 Samuel J. Hiller, '32 . . . March 13, 1973  
 Walten H. McKenzie, '34 . . July 14, 1973  
 William Y. Burton, '36 . . March 5, 1973  
 James B. Jones, '38 . . . . July 20, 1973  
 Charles S. Williams, '41 . . May 15, 1973  
 Herbert W. Frerking, '42 . . July 11, 1973  
 Lucille A. Sprenger, '43 December  
 . . . . . March 24, 1973  
 John N. Ferguson, '57 . . . Jan. 22, 1973

### Faculty

Daniel D. Klaff, M.D. . . . June 3, 1973  
 Lawrence D. Thompson, M.D.  
 . . . . . June 5, 1973



# Names Make News

## Dr. Ternberg Elected Head Of Faculty Governing Body

Washington University School of Medicine's Faculty Council has elected its first woman chairman.

**Jessie L. Ternberg, Ph.D., M.D.**, professor of surgery, succeeds **John M. Kissane, M.D.**, professor of pathology, as presiding officer of the 350-member organization.

**Richard D. Aach, M.D.**, associate professor of medicine, was elected vice chairman.

New members of the executive committee are **F. Edmund Hunter, Jr., Ph.D.**, professor of pharmacology; **Stanley J. Birge, M.D.**, assistant professor of medicine; **Robert A. Woodruff, Jr., M.D.**, associate professor of psychiatry; and **Virginia V. Weldon, M.D.**, assistant professor of pediatrics. Dr. Weldon also will serve as the Faculty Council representative to the School of Medicine's Executive Faculty.

Dr. Ternberg joined the medical faculty in 1959. She earned the Ph.D. degree from the University of Texas in 1950, and the M.D. degree from Washington University in 1953.

In 1972, she was awarded an honorary Doctor of Science degree from Grinnell College, where she received her A.B. degree in 1946.

## Dr. Ferguson to Represent Part-time Medical Faculty

**Thomas B. Ferguson, M.D.**, professor of clinical cardiothoracic surgery, has been elected by the part-time faculty members of Washington University School of Medicine as their representative to the Executive Faculty. He will serve as a voting member for a one-year term on the Medical School's governing body.

Born in Oklahoma City, Oklahoma, May 6, 1923, he received the B.S. and M.D. degrees jointly in 1947 from Duke University. After internship in surgery at Duke Hospital, he was appointed a U.S. Public Health Service Fellow in Physiology at Harvard Medical School. He returned to Duke for a year's residency and then served in the U.S. Army from 1951-52.

Dr. Ferguson came to Barnes Hospital as resident in 1953, and from 1954-56, was a fellow in thoracic surgery at Washington University School of Medicine. He was appointed instructor in 1956, assistant professor in 1958, assistant clinical professor in 1964, and associate clinical professor in 1969.

A past president of the Barnes and Allied Hospital Society and member of the Regional Advisory Committee, Bi-State Regional Medical Program, Dr. Ferguson also is on the staffs of Deaconess and St. Luke's Hospitals, and consultant to Cochran Veterans Administration Hospital and the Crippled Children's Programs of Southern Illinois and Missouri.

Dr. Ferguson received the Distinguished Service Medal of the American Heart Association. He served as president of the St. Louis Heart Association from 1970-72, and was vice-president of the St. Louis Medical Society in 1970. A council member of the Society of Thoracic Surgeons, he is chairman of its Committee on Standards and Medical Ethics. He also is on the board of directors of Blue Cross.

## Foundation Gives \$600,000 For New Teaching Program

A \$600,000 grant from the Robert Wood Johnson Foundation has been received by Washington University School of Medicine.

"The funds will be used for 'the development and evaluation of a teaching practice of medicine,'" announced **Gerald T. Perkoff, M.D.**, professor of medicine and preventive medicine, and director of the division of health care research.

"In the Medical Care Group, operated within the division, we are expanding the first teaching prepaid group practice to be operated as an integral part of a medical school," Dr. Perkoff said. "The grant from the Johnson Foundation will enable us to grow from our present care of 1,700 persons to an estimated 24,000 by 1976."

The current enrollees are now receiving total health care, everything from shots to surgery—for a fixed prepaid fee—and are being seen in the

offices on the fifth floor of the Wohl Clinic Building in the Washington University Medical Center.

"By October we will be moving to newly renovated facilities at 4570 Audubon Avenue which will include offices, reception rooms, examining rooms, laboratory, X-ray room, and a pharmacy."

In addition to caring for the health care needs of the enrollees, the Medical Care Group (MCG) also will be evaluating the medical care process, its costs, acceptance and effectiveness.

"We also will develop and initiate a new teaching program in MCG which we hope will be an effective alternative to traditional medical education," Dr. Perkoff said.

"We will try to teach medicine in a way which emphasizes the social, cultural and behavioral aspects of health and illness and incorporates improved organization, efficiency and continuity of care," he pointed out. "This teaching endeavor also will be receiving the same continual evaluation as the MCG."

The Robert Wood Johnson Foundation, which is based in Princeton, New Jersey, in 1971 awarded \$96,259 to Washington University School of Medicine. This grant was specifically for financial support for medical students who, upon receiving the M.D. degree, would be likely to practice in medically underserved areas.





# The Doctor in Your House Needs Hawaii in February . . .

. . . and so does the spouse.

Maui, "the valley island," has been reserved from February 16 to 23, 1974, just for you.

The elegant Maui Surf Hotel is where it's at, and the Royal Kaanapali Golf Course, the Royal Lahaina Tennis Club, and the golden sands are but steps away—waiting for you.

Why February of 1974? That's when the Washington University Medical Alumni Association has scheduled its First Annual Clinical Conference.

To clinically update the doctors, there are meetings in the mornings. But the afternoons and evenings are strictly "as you like it." There also are entertaining and educational events planned for the ladies.

It's at that time of the year when **everyone** needs to get away.

## The Program:

JACK BARROW, M.D. '46—Instructor in Clinical Medicine, Washington University; Past-president, Medical Center Alumni Association. "The Allergic Emergency: Management of the Acute Anaphylactic Reaction."

RUSSELL J. BLATTNER, M.D. '33—J. S. Abercrombie Chairman of Pediatrics, Baylor College of Medicine. "Congenital Rubella."

ELMER B. BROWN, M.D. '50—Professor of Medicine, Associate Dean for Continuing Medical Education, Washington University. "Iron Deficiency: Diagnosis, Treatment, Prevention."

PAULA L. CLAYTON, M.D. '60—Associate Professor of Psychiatry, Washington University. 1) "Attempted Suicide: Psychiatric Emergency," 2) "Conjugal Bereavement."

MARSHALL B. CONRAD, M.D. '45—Assistant Professor of Orthopedic Surgery, Washington University; Past-president, Medical Center Alumni Association. 1) "Emergency Medical Service Systems," 2) "Children's Fractures."

RALPH W. HALE, M.D. Illinois '60—Professor and Chairman of the Department of Obstetrics and Gynecology; Assistant Dean, University of Hawaii. 1) "Our Experience Since Pas-

sage of Liberal Abortion Law in Hawaii," 2) "Medical Education as Presented in the Land of Aloha."

JOHN C. HERWEG, M.D. '45—Associate Dean, Professor of Pediatrics, Washington University. 1) "WUMS Curriculum: Past, Present and Future," 2) "Medical School Admissions: The Challenge of Selection."

CHARLES S. JUDD, JR., M.D. Harvard '46—Professor of Medical History and Surgery, University of Hawaii. "Medicine in Polynesia and Trust Territories."

DAVID M. KIPNIS, M.D. Maryland '51—Busch Professor and Head of the Department of Medicine, Washington University. 1) "Future Directions of Departments of Medicine," 2) "Various Types of Metabolic Coma."

FRANK McDOWELL, M.D. '36—Clinical Professor of Plastic Surgery, University of Hawaii. "My Observation of People's Republic of China."

GRANT N. STEMMERMAN, M.D. McGill '43—Clinical Professor of Pathology, University of Hawaii. "Ecology of Cancer in Japanese Living in Hawaii."

Program Chairman

JAMES A. WOOD, M.D. '49—President, Medical Center Alumni Association. Instructor in Clinical Medicine, Washington University.

Cost per person: From Los Angeles, \$493; Denver, \$534; St. Louis, \$559; Chicago, \$568; Dallas, \$583; Indianapolis, \$594; New York, \$628.

All arrangements are being made by Lee Kirkland, president of Group Travel Services, Kansas City. Inexpensive optional extensions are available to neighboring islands.

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Please send me complete information about that glorious week on Maui in February, 1974.

WASHINGTON UNIVERSITY MEDICAL  
CENTER ALUMNI ASSOCIATION  
660 South Euclid Avenue  
St. Louis, Missouri 63110

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

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